

TB TREATMENT COMPLIANCE FORM

This questionnaire should be completed for all Index Cases at the defined study intervals (month 1, month 2, and at treatment completion [month 6 or 7] or at treatment failure [month 5]) using DOTS provider's TB treatment card. The purpose is to determine compliance with TB treatment.

Index case ID number: **subjid****1. Visit: TC_VISIT**

1	0	2	-	0					-	A
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☐ Screening☐ Month 1☐ Month 2☐ Month 5 (Treatment Failure)☐ Month 6☐ Month 7**2. Is the participant's treatment card available? TC_CARD**☐ Yes
☐ No → *If No, complete 2a, then skip to the end of this form. Sign, date and initial.* →
2a. Why is the treatment card unavailable? TC_NOCARD☐ Lost/misplaced☐ Study team did not visit PHC / DOT provider☐ Treatment card held at another DOTS center, specify center: **TC_OTDOTSLOC**☐ Other, specify: **TC_NOCARDSP****3. Where is the participant receiving DOTS? TC_CENTER**☐ Block PHC☐ Sub-center☐ Anganwadi☐ Elsewhere, specify: **TC_CENTERSP****4. Which DOTS card was used? TC_CARDLOC**☐ DOTS provider☐ Block PHC☐ Anganwadi**5. Is extrapulmonary TB indicated on the TB treatment card? TC_EXTRPULM**☐ Yes (Go to 5a) →**5a. Indicate the exptrapulmonary site: TC_ETBSITE**☐ Pleural
EXTRPLEUR☐ Joint
EXTRJNT☐ Peritoneal
EXTRPERI☐ Other, specify: **TC_EXTROTSP**
EXTROT☐ No☐ Lymph node
EXTRLYMP☐ Bone
EXTRBONE☐ Central nervous system
EXTRCNS**6. Indicate the prescribed regimen and doses. TC_PHASE**☐ Intensive Phase

3 times / week

☐ Continuation Phase

3 times / week

☐ Card not completed (Skip to end of form. Sign, date and initial.)

H	R	Z	E

TC_PHASE1

H	R

TC_PHASE2


34916

Index case ID number: SUBJID2

1	0	2	-	0					-	A
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7. Indicate reason(s) for changes in prescribed regimen and/or doses. TC_CHANGE

☐ No recorded change to regimen or doses☐ Hepatotoxicity☐ Switched to continuation phase☐ Other, specify: TC_CHANGE SP

I. INTENSIVE PHASE. Tick appropriate date when the drugs have been swallowed under direct observation; Make a circle (O) on the date of missed doses.

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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TC_MONTH2																																
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II. CONTINUATION PHASE. Enter X on date when the first dose of drugs has been swallowed under direct observation and draw a horizontal line (x _____) to indicate the period during which medicines will be self administered.

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Signature of Data Collector: TC_SIGN

Date Completed:

Day	

Month	

Year			

Initials of Data Collector:

TC_INITIAL	

TC_COMPDAT

TC_INITIAL