



नेपाल सरकार
स्वास्थ्य व्यवस्थापन सूचना प्रणाली

औषधी प्रतिरोधी क्षयरोग उपचार व्यवस्थापन कार्ड
DR TUBERCULOSIS TREATMENT MANAGEMENT CARD

बिरामीको नाम:

स्वास्थ्य संस्थाको नाम:

जिल्ला:

नगरपालिका र गाउँपालिका:

बडा नं.:

आर्थिक वर्ष:

परिचय:

औषधी प्रतिरोधी क्षयरोगका बिरामीको व्यक्तिगत तथा रोगसँग सम्बन्धित परीक्षण तथा नतिजा, बिरामीले दैनिक औषधी सेवन गरेको विवरण, उपचारको नतिजा आदि विवरण अभिलेख राख्न यो कार्ड प्रयोग गरिन्छ । यो कार्ड **DR Center or DR Sub–Center** मा रहन्छ ।

कार्ड भर्ने तरिका:

| क्र. स. | शीर्षक | निर्देशन |
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| १ | बिरामीको विवरण र रजिष्ट्रेसन | यस महलमा बिरामीको नाम थर, उमेर, लिङ्ग, ठेगाना (प्रदेश, जिल्ला, पालिका र वडा नम्बर), जाती कोड, तौल, उचाई, बिरामी र उपचार सहयोगीको सम्पर्क नम्बर सहितको विवरण भर्नुपर्दछ । त्यसै गरी बिरामीको क्षयरोग उपचार रजिष्टरको दर्ता नं. र भर्ना भएको मिति जनाउनुपर्दछ । जस्तै 1–T1–078/79–MDR(SSTR) जसमा शुरुको अक्षर वा अंकले प्रदेश १ जनाउदछ, त्यसै गरी T1 ले पहिलो Trimester जनाउँदछ, त्यस पछि आर्थिक वर्ष र औषधी प्रतिरोधी क्षयरोगको प्रकार जनाउँदछ । |
| २ | Patient under CB –DOT | यदि बिरामी समुदायमा आधारित औषधी प्रतिरोधी क्षयरोगको उपचारमा समावेश भएमा यस महलमा गोलो (○) चिन्ह लगाउनु पर्दछ । |
| ३ | Transfer IN Case | कुनै स्वास्थ्य संस्थामा दर्ता भई उपचार लिई रहेको क्षयरोगको बिरामी यस संस्थामा उपचार लिने गरी स्थानान्तरण भई आएमा यस महल चिन्ह लगाउनु पर्दछ । |
| ४ | TB HIV Status | बिरामीको HIV Test गर्दा HIV Infection को महलमा रहेका positive, negative वा Unknown मध्ये रिजल्ट अनुसार गोलो (○) चिन्ह लगाउने र यदि रिजल्ट पोजिटिभ देखिएमा ART वा CPT मा भए नभएको एकिन गरी सोही अनुरूप यस महलमा Yes or No लेख्नुपर्दछ । |
| ५ | DOT Provider | बिरामीलाई सेवा प्रदान गर्ने व्यक्तिको नाम लेख्नुपर्दछ । |
| ६ | Guardian's name and Phone | अभिभावकको नाम तथा सम्पर्क नम्बर लेख्नुपर्दछ । |
| ७ | Number of Household Member and No. of under 5 yrs Children | बिरामीको परिवार संख्या र परिवारमा रहेका ५ वर्ष मुनिका बच्चाहरुको संख्या लेख्नुपर्दछ । |
| ८ | No. of HH members Screened for TB | बिरामीको परिवारमा रहेका सदस्यहरुको स्क्रनिङ्ग गर्नुपर्ने संख्या उल्लेख गर्नुपर्दछ । |
| ९ | Co-morbidity | यस महलमा यदि बिरामीमा क्षयरोग बाहेक अन्य रोगहरु जस्तै मधुमेह, HIV आदि जस्ता रोगहरु भएमा उल्लेख गर्नु पर्दछ । |
| १० | DST Result | बिरामीको औषधी प्रतिरोधको अवस्था (DST Pattern) जाँच गर्दा औषधी शुरु गर्दाको समयमा भए baseline र मिति उल्लेख गर्ने र फलोअपको समयमा भए फलोअप र मिति लेख्नुपर्दछ । त्यसपछि Test Result अनुसार जुन औषधीमा Resistant वा sensitive देखिएको छ सोही अनुसार उक्त महलमा R वा S लेख्नुपर्दछ । |
| ११ | Registration Category: | १. विगतमा कहिल्यै पनि क्षयरोगको औषधी नखाएको वा औषधी खाएको भए १ महिनाभन्दा कम समय औषधी खाएको बिरामी भए यस महल कोड नं. १ मा गोलो (○) लगाउनु पर्दछ । |
| | 2. Relapse | २. विगतमा क्षयरोगको उपचार पूरा गरेका वा निको भएका बिरामी पुनः क्षयरोग निदान भएमा यस महलको कोड नं. २ मा गोलो लगाउनु पर्दछ । |
| | 3.1 TAF (New_FLD) | ३ First Line Drug Failure भएमा कोड नं ३.१ मा गोलो (○) चिन्ह लगाउनु पर्दछ । |
| | 3.2 TAF (Retreatment_FLD) | First Line Drug को Retreatment केशमा Failure देखिएमा कोड नं ३.२ मा गोलो (○) चिन्ह लगाउनु पर्दछ । |
| | 3.3 TAF (Ret_Hr TB) | Retreatment केशमा Isoniazid Failure देखिएमा कोड नं ३.३ मा गोलो (○) चिन्ह लगाउनु पर्दछ । |
| | 3.4 TAF (2 nd Line) | 2 nd Line को औषधीहरु मध्ये कुनै दुई वटा औषधी परिवर्तन गर्नु परेमा, उपचारको ६ महिनाको अन्त्यमा वा injectable औषधी प्रयोग गरेको अवस्थामा Intensive Phase को अन्त्यमा, अन्य थप औषधीहरुको Resistance भएमा र Side effect को कारणले उपचार Terminate गर्नु परेमा कोड नं ३.४ मा गोलो (○) चिन्ह लगाउनु पर्दछ । |
| | 4 TALF (Treatment After Loss to Follow up) | ६० दिन वा सो भन्दा बढी अवधिसम्म लगातार औषधी उपचार छाडेर फेरि उपचार लिन आएको बिरामी भए यस महलको कोड नं.४ मा गोलो (○) चिन्ह लगाउनु पर्दछ । |
| | 5 OPT (Other previously Treated) | विगतमा क्षयरोगको उपचार पूरा गरेका तर नतिजा थाहा नभएको वा नतिजाको कागजात नभएका बिरामी भए यस महलको कोड नं.५ मा गोलो (○) चिन्ह लगाउनु पर्दछ । |

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| | 6 UPTH (Unknown Previous TB Treatment) | राष्ट्रिय क्षयरोग कार्यक्रममा दर्ता नभई १ महिना भन्दा बढी समय औषधी खाएका तथा माथि उल्लेखित दर्ता वर्गीकरणमा नपरेका सबै बिरामी भए यस महलको कोड नं. ६ मा गोलो (○) चिन्ह लगाउनु पर्दछ । |
| १२ | Type (\$) | औषधी प्रतिरोधी क्षयरोगको प्रकार अनुसार MDR/RR(Shorter), MDR/RR(OSSTR), MDR/RR(Longer), Pre-XDR(Shorter), Pre-XDR(Longer) र XDR मध्ये एकमा गोलो (○) चिन्ह लगाउनु पर्दछ । |
| १३ | Site of TB | औषधी प्रतिरोधी क्षयरोगको site अनुसार Pulmonary भएमा उक्त महलमा गोलो (○) चिन्ह लगाउनु र EP हो भने कुन स्थानमा हो खुलाएर लेख्ने । |
| १४ | DST Result | उपचार शुरु गर्दा वा फलोअपको प्रत्येक महिनाको ल्याव रिपोर्ट(Sputum Microscopy or Culture report) र मिति सम्बन्धित महलमा उल्लेख गर्ने साथै शुरुको उपचार रेजिमेनबाट अर्को रेजिमेनमा शिफ्ट भएमा सो अनुसारको types मा गोलो (○) चिन्ह लगाइ ल्यावको रिजल्ट Sensitive भए S र Resistant भए R ले जनाउने । |
| १५ | Sputum Result | उपचार शुरु गर्दा वा फलोअपको प्रत्येक महिनाको Sputum Microscopy र Culture report को Lab no. मिति र नतिजा उक्त महलमा भर्ने । Regimen तथा type उल्लेख गर्दा (\$) र Regimen (@) बाट छानी लेख्ने । |
| १६ | Outcome | बिरामीको उपचारको नतिजा अनुसार Cured or Completed or Failed or Died or Loss to follow up or Not evaluated मध्ये कुनै एकमा गोलो (○) चिन्ह लगाइ मिति उल्लेख गर्नुपर्दछ । |
| १७ | After Treatment Completion follow-up | उपचार पूरा भए पश्चात ६ महिना, १२ महिना, १८ महिनामा र २४ महिनाको फलोअपमा जाँच गरेको ल्याव नं, नतिजा र मिति लेख्नुपर्दछ । |
| १८ | DOT Compliance | उपचार शुरु गरेको दिनदेखि प्रत्येक दिन हरेक कोठामा <input checked="" type="checkbox"/> चिन्ह लगाउनुपर्दछ । शनिवार र सार्वजनिक विदाको दिनमा बिरामीलाई औषधी दिनुपरेमा ड्यास (-) चिन्ह लगाउनुपर्दछ । |
| १९ | Treatment Regimen | औषधी प्रतिरोधी क्षयरोगको प्रकार अनुसार Regimen (@) उल्लेख गरी प्रत्येक महिनामा औषधीको मात्रा भरी सोही अनुसार बिरामीलाई खुवाउने । |
| २० | DOT Compliance | उपचार रेजिमेन Change भएमा Change भएको प्रत्येक रेजिमेन (STR or LTR or Pre-XDR or XDR) Shift गरेको पेजमा गइ उक्त रेजिमेन उल्लेख गरी प्रत्येक दिन हरेक कोठामा <input checked="" type="checkbox"/> चिन्ह लगाउनुपर्दछ र प्रत्येक महिनामा औषधीको मात्रा भर्ने । |
| २१ | Follow-up Visit Examination | हरेक पटकको फलोअपमा Smoking का बारेमा सोध्नुछ गर्दा उक्त महिनाको महलमा मिति उल्लेख गर्ने |
| | Do you Smoke? | धुम्रपानका बारेमा सोध्नुछ गर्ने र धुम्रपान नगरेको भए No र हाल धुम्रपान गरिरहेको भएमा S, पुनः शुरु गरेको भएमा R र हाल छोडेको भएमा Q ले जनाउने । |
| | | त्यसै गरी विहान उठेपछि आधा घण्टा भित्र धुम्रपान गरेमा सो महलमा १ र आधा घण्टा भन्दा पछि धुम्रपान गरेमा २ ले जनाउनु पर्दछ । |
| | | यदि बिरामीको घरमा कुनै सदस्यले धुम्रपान गरेमा १ र नगरेमा २ मा गोलो (○) चिन्ह लगाउनुपर्दछ । |
| | Brief advice given to patients | बिरामीलाई धुम्रपानका बारेमा सुझाव दिएको भए १ र नदिएको भए २ मा गोलो (○) चिन्ह लगाउनुपर्दछ । र यदि बिरामीले Yes or No बाहेक कुनै कुरा आएमा र बिरामीलाई दिइएको सुझाव कमेन्टको महलमा उल्लेख गर्ने । |
| २२ | Cessation support provided to patient | बिरामीलाई धुम्रपान रोक्नका लागि सहयोग गरेको भएमा १ र नदिएको भए २ मा गोलो (○) चिन्ह लगाउनुपर्दछ । र बिरामीलाई धुम्रपान रोक्नका लागि दिइएको सुझाव कमेन्टको महलमा उल्लेख गर्ने । |
| २३ | Investigation and Result | बिरामीको उपचारको शुरु देखि अन्त्य सम्म गरिएको Investigation का नतिजा र मिति प्रत्येक महिनाको महलमा उल्लेख गर्ने । |
| २४ | Follow- up of Side effect | उपचारका क्रममा बिरामीलाई कुनै Side Effect देखिएमा उक्त Side effect प्रत्येक महिनाको महलमा Yes र नदेखिएमा No लेख्नुपर्नेछ र कार्डमा उल्लेख भए बाहेकका Side effect देखिएमा Others मा गइ सोही महलको Column मा उल्लेख गर्नुपर्दछ । Severe Side effect देखिएको खण्डमा aDSM फारम (HMIS 6.10) भरी रिपोर्टिङ्ग गर्नु पर्दछ । |
| २५ | Commitment Form | बिरामीलाई उपचार शुरु गर्नु अगाडि उपचार केन्द्रका फोकल व्यक्तिले फारममा भरी बिरामी सही छाप गराइ आफ्नो पनि सही गर्ने । त्यसै गरी सब सेन्टरको फोकल व्यक्तिले सही छाप गर्ने । |

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|---|---|------------|--------|----------------------------------|-------------|-------------------|--|---------------------------------------|-------------|-------------------------|------|--|--|---------------|--------|----------------------|-------------|-----------------|--|-------|--------|---------|------|--------|--|
| DRTB Reg. No: | | | | Registration Date: dd/mm/yyyy | | | | Patient under CBDOT | | | | Transfer IN Case | | | | TB HIV Status | | | | | | | | | |
| Patient Name: | | | | Age: | Sex: | 1.Female | 2. Male | Weight (kg): | | Height: CM | | | | HIV Infection | | | Patients on | | | | | | | | |
| Province | | Districts: | | M/RM: | | | | Ward No Tole | | | | 1.Positive 2.Negative 3. Unknown | | | ART | | CPT | | | | | | | | |
| DOT/Provider: | | | | Guardian's Name and Phone | | | | | | | | | | | | | | | | | | | | | |
| No. of Household Member: | | | | No. of <5 years children : | | | | No. of HH members screened for TB: .. | | | | Co-morbidity: | | | | | | | | | | | | | |
| Registraion Category: 1. New | | | | 2. Relapse | | 3.1 TAF*(New_FLD) | | 3.2 TAF(Retreatment_FLD) | | 3.3 TAF(Ret_Hr TB) | | 3.4 TAF (2nd line) | | 4. TALF** | | 5. OPT*** | | 6. UPTH*** | | | | | | | |
| \$Type: 1. MDR/RR (Shorter) 2. MDR/RR (OSSTR) 3. MDR/RR (Longer) 4. PRE- XDR (Shorter) 5. PRE-XDR (Longer) 6. XDR | | | | | | | | | | Site of TB: 1 Pulmonary | | | | 2 | | EP(Specify | | | | | | | | | |
| DST Result | H | R | Z | E | Mfx | Cm | Lfx | Bdq | Lzd | Cs | cfz | Am | Eto | Delm | Pa | | | | | | | | | | |
| Base line Result/Date | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | | | | | | | | | |
| Follow up Date | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | | | | | | | | | |
| Follow up Date | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | R/S | | | | | | | | | |
| Type | Treatment Start (\$Type.....) Regimen Used:..... | | | | | | 1. Shifted Treatment (\$Type.....) Regimen Used:..... | | | | | | 2. Shifted Treatment (\$Type.....) Regimen Used:..... | | | | | | 3. Shifted Treatment (\$Type.....) Regimen Used:..... | | | | | | |
| Month | Sputum Microscopy | | | Culture | | | Sputum Microscopy | | | Culture | | | Sputum Microscopy | | | Culture | | | Sputum Microscopy | | | Culture | | | |
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| Month | Lab No | date | Result | Lab No | date | Result | Lab No | date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | |
| Month | Lab No | date | Result | Lab No | date | Result | Lab No | date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | |
| Month | Lab No | date | Result | Lab No | date | Result | Lab No | date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | |
| Month | Lab No | date | Result | Lab No | date | Result | Lab No | date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | |
| Month | Lab No | date | Result | Lab No | date | Result | Lab No | date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | |
| Month | Lab No | date | Result | Lab No | date | Result | Lab No | date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | |
| Month | Lab No | date | Result | Lab No | date | Result | Lab No | date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | Lab No | Date | Result | |
| Outcome: 1.cured | | | | | | | | | | 2. Completed | | 3. Failed | | 4. Died | | 5. Loss to follow-up | | 6 Not Evaluated | | Date: | | | | | |
| H=Isoniazid, R=Rifampicin, Z=Pyrazinamide, E=Ethambutol, Mfx=Moxifloxacin, Cm=Capreomycin, Lfx=Levofloxacin, Eto=Ethionamide, Cfz=Clofazimine, Lzd= Linezolid, CS=Cycloserine, Del=Delamanid, Bdq=Bedaquiline, Am=Amikacin, Pa=Pretomanid | | | | | | | | | | | | | | | | | | | | | | | | | |
| After Treatment Completion follow-up | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Month | Lab No/date | | SR | 12 Month | Lab No/date | | SR | 18 Month | Lab No/date | | SR | 24 Month | | Lab No/date | | SR | | | | | | | | | |
| *TAF = Treatment After Failure **TALF= Treatment After Loss to follow up ***OPT =Other Previously Treatmentfollowup ****UPTH = Unknown Previous TB Treatment History @ Regimen Used: BPoLM, BPoL, OSSTR-Lzd, OSSTR-Eto, LR1, LR2, LR3, Individualized Regimen | | | | | | | | | | | | | | | | | | | | | | | | | |

जाती कोड: १ दलित, २ जनजाती, ३ मधेशी, ४ मुस्लीम, ५ ब्राह्मण/क्षेत्री, ६अन्य

DOT Compliance

HMIS 5.4C

| Month/DAY | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 26 | 28 | 29 | 30 | 31 | 32 | Weight in (KG) | Adverse Side Effect | |
|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|---------------------|--|
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |

TREATMENT REGIMENwith dosages (mg or gm)

| Months | Pa | Lfx | Mfx | Bdq | Lzd | Cfx | Cs | Trd | E | Dlm | Z | Imp, Cln | Mpa | Am | Eto | Other | Month | Pa | Lfx | Mfx | Bdq | Lzd | Cfx | Cs | Trd | E | Dlm | Z | Imp, Cln | Mpa | Am | Eto | Other |
|--------|----|-----|-----|-----|-----|-----|----|-----|---|-----|---|----------|-----|----|-----|-------|-------|----|-----|-----|-----|-----|-----|----|-----|---|-----|---|----------|-----|----|-----|-------|
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |

DOT Compliance (Fill only in cases of Patients Shifted for Next Regimen)

HMIS 5.4C

| Month/DAY | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 26 | 28 | 29 | 30 | 31 | 32 | Weight in (KG) | | Adverse Side Effect | |
|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|-----|---------------------|--|
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
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| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TREATMENT REGIMENwith dosages (mg or gml)

| Months | Pa | Lfx | Mfx | Bdq | Lzd | Cfx | Cs | Trd | E | Dlm | Z | Imp, Cln | Mpa | Am | Eto | Other | Month | Pa | Lfx | Mfx | Bdq | Lzd | Cfx | Cs | Trd | E | Dlm | Z | Imp, Cln | Mpa | Am | Eto | Other |
|--------|----|-----|-----|-----|-----|-----|----|-----|---|-----|---|----------|-----|----|-----|-------|-------|----|-----|-----|-----|-----|-----|----|-----|---|-----|---|----------|-----|----|-----|-------|
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Group A: Lfx=Levofloxacin, Mfx=Moxifloxacin, Bdq=Bedaquiline, Lzd=Linezolid

Group B: Cfx=Clofazimine, Cs=Cycloserine, Trd=Terizidone, Group C: E=Ethambutol, Dlm=Delamanid, Z=Pyrazinamide, Imp,Cln=Imipenem-cilastatin, Mpm=Meropenem, Am=Amikacin, S=Streptomycin, Eto=Ethionamide, Pa=Pretomanid

Revised FY 2076/77

Printed FY 2077/78

DOT Compliance (Fill only in cases of Patients Shifted for Next Regimen)

HMIS 5.4C

| Month/DAY | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 26 | 28 | 29 | 30 | 31 | 32 | Weight in (KG) | | Adverse Side Effect | |
|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|-----|---------------------|--|
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
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| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
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| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
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| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| Month | | | | | | | | | | | </ | | | | | | | | | | | | | | | | | | | | | | | | | |

TREATMENT REGIMENwith dosages (mg or gm)

| Months | Pa | Lfx | Mfx | Bdq | Lzd | Cfx | Cs | Trd | E | Dlm | Z | Imp, Cln | Mpa | Am | Eto | Other | Month | Pa | Lfx | Mfx | Bdq | Lzd | Cfx | Cs | Trd | E | Dlm | Z | Imp, Cln | Mpa | Am | Eto | Other |
|--------|----|-----|-----|-----|-----|-----|----|-----|---|-----|---|----------|-----|----|-----|-------|-------|----|-----|-----|-----|-----|-----|----|-----|---|-----|---|----------|-----|----|-----|-------|
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
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| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | | | | | | | | Month | | | | | | | | | | | | | | | | |

Section on ABC Smoking Cessation
At start of TB treatment then at follow-up examination visit:

| Month of Treatment | Date | Ask | | | | Brief advice given to patient (30 seconds-1 minute) | | Cessation support provided to patient (1-3 minutes) | |
|--------------------|----------|-------------------------|---|--|---|---|----------|---|----------|
| | | Do you smoke?* Yes / No | | | Does anyone smoke inside your home? Yes / No 1 = yes 2 = no | Yes / No 1 = yes 2 = no | Comments | Yes / No 1 = yes 2 = no | Comments |
| | DD/MM/YY | No | If Yes | | | | | | |
| | | | Have you smoked at all—even a puff—in the last 2 weeks? | How soon after you wake do you usually have your first cigarette? 1 = <30 min or 2 = >30 min | | | | | |
| Months | | | S | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
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| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| Months | | | S R Q | | 1 2 | 1 2 | | 1 2 | |
| | | | | | | | | | |

*Definitions for status of smoking

S = current smoker: has smoked in the last 2 weeks before the visit and has not made any quit attempt since the last visit (quit attempt = patient tried to quit and succeeded for at least 24 hours).

R = relapsed smoker: has smoked in the last 2 weeks before the visit but has made at least one quit attempt of at least 24 hours since the last visit.

Q = quitter: has not smoked at all in the last 2 weeks before the visit, not even a puff

Section II: Treatment Management Related

HMIS 6.4C

Investigations and Result

[illegible]

| Follow-up of Side-effect | | | | | | | | | | | | | | | |
|--------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Side Effect | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months | F/U Months |
| Nausea/Vomiting | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Diarrhoea | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Arthralgia | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Dizziness/ Vertigo | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Hearing Disturbances | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Vision Problem | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Signs of Hypothyroidism | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Minor mood changes or insomnia | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Depression | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Suicidal thoughts | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Hallucinations/ Psychosis | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Urine Output | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Itchy skin | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Jaundice | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Seizures | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Anaemia | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Others | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| others | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| others | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| others | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |

Note: Based on the Side Effect Identified please fill the aDSM form (HMIS 6.10)

| Signed at Treatment center | Signed at Treatment Sub-Center |
|---|---|
| <p><u>Patient commitment</u></p> <p>I am aware that in order to be cured of this form of tuberculosis, I need to take anti-TB drugs daily till the end of my treatment. If I do not take these drugs daily, I am putting my own health at risk as well as the health of family and community members. I commit to taking these drugs at this health center (sub-center) till the end of my treatment. If I decide to leave this treatment, I understand the risk and consequences of this disease.</p> <div><div>Name:</div><div>Address:</div></div> <div>Date:</div> <div>Signature:</div> | <p><u>Sub-centre DR-TB focal person commitment</u></p> <p>I have explained the importance of taking these drugs and potential difficulties during treatment. I will do my best to support him/her in completing a full course of treatment and getting cured. I also commit to ensuring proper documentation and reporting as per NTP guidelines</p> <div><div>Name:</div><div>Address:</div></div> <div>Date:</div> <div>Signature:</div> |
| <p><u>Treatment center DR-TB focal person commitment</u></p> <p>I have explained the importance of taking these drugs and potential difficulties during treatment. I will do my best to support him/her in completing a full course of treatment and ensuring cure/completion. I also commit to ensuring proper documentation and reporting as per NTP guidelines</p> <div><div>Name:</div><div>Address:</div></div> <div>Date:</div> <div>Signature:</div> | <p><u>Treatment provider Commitment</u></p> <p>I commit to supporting his/her in completing a full course of treatment. I will encourage him/her to comply with the treatment and commit to informing the treatment sub-center if I know that s/he has stopped taking drugs.</p> <div><div>Name:</div><div>Address:</div></div> <div>Date:</div> <div>Signature:</div> |

जात/जाती समूह (Caste/Ethnicity Group)

| कोड | समूह | | जमत /जाति |
|-----|-------------------|------|---|
| १ | दलित | पहाड | १. विश्वकर्मा (कामी, सुनार, ओड, चुनककरा, पार्की, टमटा), २. परियार (दमाई, दर्जी, सुचिकार, नगर्ची, ढनेली, हडरके), ३. सार्की (मजार, चर्मकार, भूल), ४. गन्धर्व (गाइने), ५. वादि |
| | | तराई | ६. कलर, ७. ककैहिया, ८. कोरी, ९. खिटक, १०. खत्वे (मण्डल, खड), ११. चमार (राम, मोची, हिरजन, रिबदास) १२. चिडिमर, १३. डोम (मिरक), १४. तत्मा (ताँती, दास), १५. दुसाध (पासवान, हजारा), १६. घोवी (रजक) हिन्दु, १७. पत्थरकट्टा, १८. पासी, १९. बाँतर, २०. मुसहर, २१. मेस्तर (हलखोर), २२. सरम्भङ्ग (सरविरया) २३. सोनार, २४. लोहार, २५. नटुवा |
| २ | जनजाति | पहाड | १. शेपा, २. भोटे, ३. थकाली, ४. व्याँसी, ५. वालुङ, ६. छैरोत्तन, ७. डोल्पो, ८. तवडवे, ९. तिनगाँउले थकाली, १०. तोफ्केगेला, वाइथाउँले थकाली, १२. माफाली थकाली, १३. मुगाली, १४. ल्होपा, १५. ल्होमी (शिङसावा) १६. सियार (चुम्वा), १७. थुदाम, १८. मगर, १९. तामाङ, २०. नेवार, २१. राई, २२. गुरुङ्ग, २३. लिम्बु, २४. मुजेल, २५. सुनुवार, २६. चोपाङ्ग, २७. थामी, २८. याख्खा, २९. पहरी, ३०. छन्त्याल, ३१. जिरेल, ३२. दुरा, ३३. लेप्चा, ३४. हायु, ३५. ह्योल्मो, ३६. कुशशर्वाडिया, ३७. कुशुण्डा, ३८. फ्रि, ३९ वनकिरया, ४०. बारामो, ४१. लार्के, ४२. सुरेल, ४३. कुमाल, ४४. माभी, ४५. दनुवार, ४६. दराई, ४७. बोटे, ४८. राजी, ४९. राउटे |
| | | तराई | ५०. थारु, ५१. धानुक, ५२. राजवंशी (कोच), १३. सतार (सन्थाल), ५४. भाँगड, ५५. गनगाई, ५६. धिमाल, ५७. ताजपुरिया, ५८. मेचे (बोडो), ५९. किसान |
| ३ | मधेशी | | १. यादव, २.तेली, ३. कलवार, ४. सुढी, ५. कोइरी, ६. कुर्मी, ७. कानु, ८. हलुवाई, ९. हजामरठाकुर, १०. बढही, ११. राजभर, १२. केवट, १३. मल्लाह, १४. नुनिया, १५. कुम्हार, १७. लोध, १८. विड/बिण्डा, १२. गडेरीरभेडीह्यारा २०. माली, २१. कामर, २२. धुनिया, २३. वराय, २४. मुण्डा, २५. बडाइ, २६. पञ्जावी, २७. बंगाली, २८. मारवाडी, २९. नुराड, ३०. कायस्थ, ३१. राजपुत, ३२. जैन, ३३. ब्राम्हण (तराई), ३४. बनिया, ३५. अमात, ३६. कथवालीया, ३७. राजघोव, ३८. कुशवाहा |
| ४ | मुस्लिम | | १. मुस्लिम, २. चुरौटे |
| ५ | ब्राह्मण/क्षेत्री | | १. ब्राह्मण (पहाड), २. क्षेत्री (पहाड) |
| ६ | अन्य | | १. ठकुरी, २. सन्यासी/दशनामी, आदि |

| Code | Group | | Caste/Ethnicity |
|------|-----------------|-------|--|
| 1 | Dalit | Hill | 1. Bishwokarma (Kami, Sunar, Od, Chunara, Parki, Tamata), 2. Pariyar (Darnai, Darjee, Suchikar, Nagarchi, Hudrake), 3. Sarki (Mijar, Charmakar, Bhul), 4. Gandharwa, (Gaine), |
| | | Terai | 5. Badi 6. Kalar, 7. Kakaihiya, 8. Kori, 9. Khatik, 10. Khatwe (Mandal, Khadga), 11. Chamar (Ram, Mochi, Harijan, Rabidas), 12. Chidimar, 13. Dom (Marik), 14. Tatma (Tati, Das), 15. Dushad (Paswan, Hajara), 16. Dhobi (Rajak), Hindu, 17. Pattharkatta, 18. Pasi, 19. Batar, 20. Mushahar, 21. Mestar (Halkhor), 22. Sarbhanga (Sarbariya). |
| 2 | Janjati | Hill | 1. Sherpa, 2. Bhote (Bhuitia), 3. Thakali, 4. Byansi, 5. Wallung, 6. Chhairotan, 7. Dolpa, 8. Tangbe, 9. Tin Guale Thakali, 10. Topkegola (Dhokpya). 11. Bara Gaunle Thaka- li, 12. Marphali Thakali, 13. Mugali, 14. Lhopa, 15. Lhomi (Shingsawa), 16. Siyar (Chumba), 17. Thudam, 18. Magar, 19. Tamang, 20. Newar, 21. Rai, 22. Gurung, 23. Limbu, 24. Bhujel, 25. Sunuwar, 26. Chepang. 27. Thami, 28. Yakkha, 29. Pahari, 30. Channtyal, 31. Jirel, 32. Dura, 33. Lepcha, 34. Hayu, 35. Yehlmo, 36. Khusbadia, 37. Kusunda, 38. Phree (Free), 39. Bankaria, 40. Baramo/Baramu 41. Larke, 42. Surel, 3. Kumal, 44. Majhi, 45.Danuwar, 46. Darai, 47. Bote, 48. Raij, 49. Raute |
| | | Terai | 50. Tharu, 51. Dhanuk (Rajbanshi), 52. Rajbansi (Koch), 53. SatarSanthal, 54. Jhagar/Jhangar, 55. Gangai, 56. Dhimal, 57. Tajpuriya, 8. Meche (Bodo), 59. Kisan |
| 3 | Madhesi | | 1. Yadav, 2. Teli, 3. Kalwar, 4. Sudhi, 5. Koiri, 6. Kurmi, 7. Kanu, 8. Haluwai, 9. Hajarm/Thakur, 10. Badhae, 11. Rajbhar, 12. Kewat, 13. Mallah, 14. Nuniya, 15. Kumhar, 16. Kahar, 17. Lodha, 18. Binna(Bing/Binda), 19. Gaderi/Bhediya, 20. Mali, 21. Kamar, 22. Dhunia, 23. Barae, 24. Munda, 25. Badai, 26. Panajbi, 27. Bangali, 28. Marwadi, 29. Nurang, 30. Kayastha, 31. Rajput, 32. Jaine, 33. Brahman (Terai), 34. Baniya, 35. Amat, 36. Kathawaniya, 37. Rajdhob, 38. Khusbaha |
| 4 | Muslim | | 1. Muslim, 2. Churaute |
| 5 | Brahman/Chettri | | 1. Brahman (Hill), 2. Chhetri (Hill) |
| 6 | Others | | 1. Thakuri, 2. Sanasi/Dasnami, etc., |

