



Ministry of Health

National TB and Leprosy Programme  
TUBERCULOSIS TREATMENT CARD

Name (Three names): \_\_\_\_\_

Sex: 1: Male  2: Female  Age (yrs)

Physical Address(Ward): \_\_\_\_\_

Physical Address (Village/street): \_\_\_\_\_

Area leader/Neighbour: \_\_\_\_\_

Contact telephone (if available): \_\_\_\_\_

Council \_\_\_\_\_

Region \_\_\_\_\_

National ID number: \_\_\_\_\_

**Key vulnerable population** 1: Health care worker 2: Mining worker 3: Prisoner/remandee  
4: Fisher fork 5: Refugee/migrant 6: PWUDs 7: Slumdweller  
8: Others \_\_\_\_\_

**Mining's Key Populations:** 1: Miners; 2: Ex-Miners; 3: Family Member of Miners or ex-miners;  
4: Living in mining community; 5: Others

Referred by: 1: OPD; 2.1. (CHWs) 2.2. (ADDO) 2.3. (Traditional healers) 3: CTC; 4: VCT; 5: RCHS; 6: IPD;  
7: DM 8: Other (specify) \_\_\_\_\_

List of contacts of TB cases

SN	Name	Age	Sex	Screened	Outcome		Started	
					TB	No TB	TB Rx	TPT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

TB Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

TB Registration No. \_\_\_\_\_

Name of Health facility: \_\_\_\_\_

**DOT option:** 1: Health Facility DOT 2: Home-based DOT

**Disease Classification:** 1: Pulmonary 2: Extra-pulmonary 3: Both Site: \_\_\_\_\_

**Classification by history of treatment** 1: New

*Previously treated* 2: Relapse; 3: Treatment after Failure 4: Lost to follow up; 5: Other previously treated

**Date of Start of Treatment:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HIV Status\*:** 1: Positive 2: Negative 3: Unknown

Date of HIV Test. \_\_\_\_\_ Date of referral to CTC. \_\_\_\_\_

HIV Care Registration No: \_\_\_\_\_ CTC Name: \_\_\_\_\_

CPT 1: Yes Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2: No

ART drugs 1: Yes Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2: No

Diabetic status: 1: Yes; 2: No

Nutritional status: Weight,  Height  BP,  MUAC  BMI

Classificatio of the BMI \_\_\_\_\_ Nutrition Support Given \_\_\_\_\_

COVID 19 Vaccination status: 1. Vaccinated; 2: Not Vaccinated

Date Vaccinated \_\_\_\_\_

Foreigner: 1. Yes; 2. NO

**Treatment Supporter details**

Name of treatment supporter: \_\_\_\_\_

Relationship with patient: \_\_\_\_\_

Physical address: \_\_\_\_\_

Telephone/mobile number of treatment supporter: \_\_\_\_\_

**Laboratory tests, score chart and weight monitoring**

Month	0	2	3	4	5	6
Date						
Smear						
Genexpert						
Truenat						
TB LF-LAM						
DST						
Score Chart						
Body Weight						
Height						

*\*\*Smear: Neg;1 - 9;+;++;+++; Genexpert/Truenat: N; T; RR; Ti; TT; I  
 \*\*DST: Sens.; RR; MDR; Other resist. TB LF-LAM: Pos, Neg, Indeterminate, Invalid*

**INTENSIVE PHASE:** Indicate number of tablets per dose  
 New Case  Retreatment   
 RHZE RHZE  
 RHZE: Rifampicin, Isoniazid, Pyrazinamide, Ethambutol (4FDC),

Children  
   
 RHZ E  
 RHZ: Rifampicin, Isoniazid, Pyrazinamide

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients on home-based DOT, draw a horizontal line to indicate the number of days supply given to supporter, and then write number of dose on return date after confirming the doses taken

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			

**CONTINUATION PHASE:** Indicate number of tablets per dose  
 New Case  Retreatment  Children  
 Paediatric RH

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients on home-based DOT, draw a horizontal line to indicate the number of days supply given to supporter, and then write number of doses on return date after confirming the doses taken

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					

**Other causes for not completing treatment:**

- 1: Started MDR/RR-TB treatment
- 2: Died before start of treatment
- 3: Did not start treatment

Treatment outcome date: \_\_\_\_\_

- Cured
- Treatment completed
- Treatment failure
- Died
- Lost to follow up

Remarks: .....