HEADER

TUBERCULOSIS TREATMENT FORM - COHORT A

Participant ID: ☐☐ SUBJID ☐☐☐☐☐☐☐☐ - A

Visit Date: ☐☐ VISDAT ☐☐☐ - ☐☐☐☐
D D M O N Y Y Y Y

VISIT
Visit Type: ☐ B/L ☐ M1 ☐ M2 ☐ End of TX ☐ 6-MO Post-TX ☐ TX F/R/W

Instructions: Complete this form at each visit until the LAST dose of TB treatment has been completed. At the Baseline Visit report each drug the participant is/will be taking during the Intensive Phase. At subsequent visits, report any change in the TB treatment regimen.

TBTRTA

1. Have there been any changes in the participant's TB treatment since the last visit?
   - ☐ Yes ***(Complete table below)***
   - ☐ No ***(End of form)*** TRTCHG
   - ☐ Not applicable ***(Treatment was completed at previous visit-end of form)***
   - ☐ Not applicable ***(Baseline Visit, complete table below)***

PID: ☐☐☐–☐☐☐☐☐☐☐☐☐☐–A

Visit date: ☐☐–☐☐☐–☐☐☐☐

2. Anti-TB Medication Table

ROWLOG	Medication	Administration	Dose (mg)	Times per Day	Days Per Wk.	Start Date (DD-MON-YYYY)	Stop Date (DD-MON-YYYY)	Reason for change TRTADJ
1	TRT	TRTADMIN ☐DOT ☐SAT	DOSE ☐☐☐☐	FRQ DAY ☐	FRQ WEEK ☐	TRTSTDAT ☐☐-☐☐☐-☐☐☐☐	TRTENDAT ☐☐-☐☐☐-☐☐☐☐ ☐ ongoing TRTONGO	☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ________ TRTADJSS ☐Other, specify ________ TRTADJOS
2		☐DOT ☐SAT	☐☐☐☐	☐	☐	☐☐-☐☐☐-☐☐☐☐	☐☐-☐☐☐-☐☐☐☐ ☐ ongoing	☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ________________ ☐Other, specify ________________
3		☐DOT ☐SAT	☐☐☐☐	☐	☐	☐☐-☐☐☐-☐☐☐☐	☐☐-☐☐☐-☐☐☐☐ ☐ ongoing	☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ________________ ☐Other, specify ________________

PID: ☐☐☐–☐☐☐☐☐☐☐☐☐☐–A

Visit date: ☐☐–☐☐☐–☐☐☐☐

	Medication	Administration	Dose (mg)	Times per Day	Days Per Wk.	Start Date (DD-MON-YYYY)	Stop Date (DD-MON-YYYY)	Reason for change
ROWLOG 4	TRT	TRTADMIN ☐DOT ☐SAT	DOSE ☐☐☐☐	FRQ DAY ☐	FRQ WEEK ☐	TRTSTDAT ☐☐-☐☐☐-☐☐☐☐	TRTENDAT ☐☐-☐☐☐-☐☐☐☐ ☐ ongoing TRTONGO	TRTADJ ☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ____ TRTADJSS ☐Other, specify ____ TRTADJOS
5		☐DOT ☐SAT	☐☐☐☐	☐	☐	☐☐-☐☐☐-☐☐☐☐	☐☐-☐☐☐-☐☐☐☐ ☐ ongoing	☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ____ ☐Other, specify ____
6		☐DOT ☐SAT	☐☐☐☐	☐	☐	☐☐-☐☐☐-☐☐☐☐	☐☐-☐☐☐-☐☐☐☐ ☐ ongoing	☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ____ ☐Other, specify ____

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Visit date: ☐☐–☐☐☐–☐☐☐☐

ROWLOG	Medication	Administration	Dose (mg)	Times per Day	Days Per Wk.	Start Date (DD-MON-YYYY)	Stop Date (DD-MON-YYYY)	Reason for change TRTADJ
–	TRT	TRTADMIN ☐DOT ☐SAT	DOSE ☐☐☐☐	FRQ DAY ☐	FRQ WEEK ☐	TRTSTDAT ☐☐-☐☐☐-☐☐☐☐	TRTENDAT ☐☐-☐☐☐-☐☐☐☐ ☐ ongoing TRTONGO	☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ________ TRTADJSS ☐Other, specify ________ TRTADJOS
–		☐DOT ☐SAT	☐☐☐☐	☐	☐	☐☐-☐☐☐-☐☐☐☐	☐☐-☐☐☐-☐☐☐☐ ☐ ongoing	☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ________ ☐Other, specify ________
–		☐DOT ☐SAT	☐☐☐☐	☐	☐	☐☐-☐☐☐-☐☐☐☐	☐☐-☐☐☐-☐☐☐☐ ☐ ongoing	☐Completed Intensive Phase ☐Completed Continuation Phase ☐TX failure or drug resistance ☐Pregnancy ☐Unknown ☐Side effect, specify ________ ☐Other, specify ________

Use copies of this page if necessary and number the pages in sequence.