

II Continuation Phase

Prescribed regimen
and Dosages

Category I
3 times / week

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H R

Category II
3 times / week

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H R E

Category III
3 times / week

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H R

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

Treatment out come with date: _____

Signature of MO with date: _____

Details of X ray / EP tests

Remarks _____

Retrieval Actions for Missed Doses

Date	By whom	Whom contacted	Reason for missed doses	Outcome of retrieval action

Household Contacts (Children < 6 yrs)

No	Chemoprophylaxis

Additional Treatments

HIV status: Unknown Pos Neg (date) _____

CPT delivered on (date): (1) (2) (3) (4) (5)

Pt referred to ART centre (date): _____

Initiated on ART: No Yes (date) _____