DIRECTLY OBSERVED THERAPY (DOT) LOG Case / TBI (circle one)

| DOT Month: | DOT Year: | Case Manager Name and Phone Number: |
|---|---|---|
| Client Name: | | |
| Address: | | |
| Phone: (H) (W) (Cell) | | |
| DOB: | Sex: | |
| DOT Start Date: | DOT Discontinuation Date: | |

| Date | Staff Printed Name | Signature | Initials |
|---|---|---|---|
| | | | |
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| Medication | Strength | Total Dose | # Tabs | Freq/Route | Start date | Stop date |
|---|---|---|---|---|---|---|
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DOT Site: ☐ Home ☐ Work ☐ Clinic ☐ Other_____

Mask Needed? ☐ Yes ☐ No

No longer infectious as of _____

| Day of Month | Dose # | Initials of Person Observing or Giving Medication (If Self-Administered, Check the "Self" Box and Note the Reason in the "Comment" Column) | Time When Meds. Observed | Side Effects: If present, check and write progress note. If absent, check in the "None" column. | | | | | | | | | | | | | | Case Manager or Clinician Notified of Adverse Reaction? | Comments | Patient Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | None | Nausea/Vomiting/ Diarrhea | Abdominal Pain | Headache/Dizziness | Loss of Appetite | Jaundice/ Yellow Color | Numbness/ Tingling | Rash/Hives | Fatigue | Muscle/Joint Pain | Visual Change | Hearing Change | Other | | | |
| 1 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 2 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 3 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 4 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 5 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 6 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 7 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 8 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 9 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 10 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 11 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 12 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 13 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 14 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 15 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 16 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 17 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 18 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 19 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 20 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 21 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 22 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 23 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 24 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 25 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 26 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 27 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 28 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 29 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 30 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |
| 31 | | ☐ VET ☐ Self | | | | | | | | | | | | | | | | ☐Yes ☐No | | |

Calculate # weeks of treatment this month

Number of doses / Frequency of administration = # weeks taken

_____ weeks