



Date form completed \_\_\_\_\_

Name \_\_\_\_\_  
PHN \_\_\_\_\_

DOB \_\_\_\_\_  
Phone number \_\_\_\_\_

**Reason Therapy Stopped**

- Completed therapy
- Uncooperative or refused
- Not TB
- Other: (specify) \_\_\_\_\_

**Date Therapy Stopped** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Lost
- Adverse treatment event
- Died

**If died, indicate cause of death (select one)**

- Related to TB disease
- Unrelated to TB disease

**Date of death** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Related to TB therapy
- Unknown

**Reason therapy extended beyond 12 months (select all that apply)**

- Rifampin resistant
- Non-adherence
- Clinically indicated
- Other (specify) \_\_\_\_\_
- Adverse drug reaction
- Treatment failure

**Directions for completing dose count**

- Include all treatment taken by DOT whether provided in VA or elsewhere
- Non-DOT doses should be rare and counted only if there are extenuating circumstances
- Facility doses should only be counted if facility documentation is provided
- Calculate each month's total weeks of treatment using the "Treatment completion calculation worksheet"
- From the worksheet, record the number of week of therapy in the line below
- Use the comment space below to detail non-DOT counted doses or undocumented facility counted doses, an explanation for changes in the planned treatment regimen, etc.

**Total weeks of planned therapy** \_\_\_\_\_ **Total weeks of completed therapy** \_\_\_\_\_

**Comments**

