DIRECTLY OBSERVED THERAPY (DOT) LOG Case / LTBI (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

Medication	Strength	Total Dose	# Tabs	Freq/Route	Start date	Stop date

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