

Date form completed _____

Name _____

DOB _____

PHN _____

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)

Date of death ____/____/____

- ☐ Related to TB disease
☐ Unrelated to TB disease

- ☐ 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 _____
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Comments

$$\frac{\text{Number of doses}}{\text{Frequency of Administration}} = \text{Number of Weeks} \left[\begin{array}{l} \text{If the quotient includes a decimal to the 100ths} \\ \text{ALWAYS round down, not up. e.g } 2.35 = 2.3 \text{ wks} \end{array} \right]$$

Add total weeks taken