

MEDICATION TRACKER

9 Months of Daily Isoniazid (9H) for Latent Tuberculosis (TB) Infection

Patient Name: _____

Your Medication Schedule (Providers: Indicate the appropriate number of pills)

Medicine	Number of pills per dose	Frequency	Duration	Doses
Isoniazid:	mg	TOTAL:	Once a day	9 months

STOP taking your medicine and CALL your TB doctor or nurse right away if you have:

Less appetite, or no appetite for food

Easy bruising or bleeding

Fever

An upset stomach or stomach cramps

Rash or itching

Head or body aches

Nausea or vomiting

Yellowing skin or eyes

Dizziness

Cola-colored urine or light stools

Severe weakness or tiredness

Please talk to your doctor or nurse if you have any questions or concerns about treatment for latent TB infection.

Doctor/Clinic Contact Information

Name of the staff caring for you: _____ Phone: _____

Address: _____ Hours: _____

Keeping Track of Your Treatment

On the table below, check the box and write the date to show when you took your medicine.

Doses 1–30

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
1			11			21		
2			12			22		
3			13			23		
4			14			24		
5			15			25		
6			16			26		
7			17			27		
8			18			28		
9			19			29		
10			20			30		

Doses 31–60

Dose #	Taken?	Date
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		

Dose #	Taken?	Date
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		

Dose #	Taken?	Date
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		

Doses 61–90

Dose #	Taken?	Date
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		

Dose #	Taken?	Date
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		

Dose #	Taken?	Date
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		

Doses 91–120

Dose #	Taken?	Date
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Dose #	Taken?	Date
101		
102		
103		
104		
105		
106		
107		
108		
109		
110		

Dose #	Taken?	Date
111		
112		
113		
114		
115		
116		
117		
118		
119		
120		

Doses 121-150

Dose #	Taken?	Date
121		
122		
123		
124		
125		
126		
127		
128		
129		
130		

Dose #	Taken?	Date
131		
132		
133		
134		
135		
136		
137		
138		
139		
140		

Dose #	Taken?	Date
141		
142		
143		
144		
145		
146		
147		
148		
149		
150		

Doses 151-180

Dose #	Taken?	Date
151		
152		
153		
154		
155		
156		
157		
158		
159		
160		

Dose #	Taken?	Date
161		
162		
163		
164		
165		
166		
167		
168		
169		
170		

Dose #	Taken?	Date
171		
172		
173		
174		
175		
176		
177		
178		
179		
180		

Doses 181-210

Dose #	Taken?	Date
181		
182		
183		
184		
185		
186		
187		
188		
189		
190		

Dose #	Taken?	Date
191		
192		
193		
194		
195		
196		
197		
198		
199		
200		

Dose #	Taken?	Date
201		
202		
203		
204		
205		
206		
207		
208		
209		
210		

Doses 211–240

Dose #	Taken?	Date
211		
212		
213		
214		
215		
216		
217		
218		
219		
220		

Dose #	Taken?	Date
221		
222		
223		
224		
225		
226		
227		
228		
229		
230		

Dose #	Taken?	Date
231		
232		
233		
234		
235		
236		
237		
238		
239		
240		

Doses 241–270

Dose #	Taken?	Date
241		
242		
243		
244		
245		
246		
247		
248		
249		
250		

Dose #	Taken?	Date
251		
252		
253		
254		
255		
256		
257		
258		
259		
260		

Dose #	Taken?	Date
261		
262		
263		
264		
265		
266		
267		
268		
269		
270		