

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	270

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	Dose #	Taken?	Date	Dose #	Taken?	Date
31			41			51		
32			42			52		
33			43			53		
34			44			54		
35			45			55		
36			46			56		
37			47			57		
38			48			58		
39			49			59		
40			50			60		

Doses 61–90

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
61			71			81		
62			72			82		
63			73			83		
64			74			84		
65			75			85		
66			76			86		
67			77			87		
68			78			88		
69			79			89		
70			80			90		

Doses 91–120

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
91			101			111		
92			102			112		
93			103			113		
94			104			114		
95			105			115		
96			106			116		
97			107			117		
98			108			118		
99			109			119		
100			110			120		

Doses 121-150

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
121			131			141		
122			132			142		
123			133			143		
124			134			144		
125			135			145		
126			136			146		
127			137			147		
128			138			148		
129			139			149		
130			140			150		

Doses 151-180

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
151			161			171		
152			162			172		
153			163			173		
154			164			174		
155			165			175		
156			166			176		
157			167			177		
158			168			178		
159			169			179		
160			170			180		

Doses 181-210

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
181			191			201		
182			192			202		
183			193			203		
184			194			204		
185			195			205		
186			196			206		
187			197			207		
188			198			208		
189			199			209		
190			200			210		

Doses 211–240

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
211			221			231		
212			222			232		
213			223			233		
214			224			234		
215			225			235		
216			226			236		
217			227			237		
218			228			238		
219			229			239		
220			230			240		

Doses 241–270

Dose #	Taken?	Date	Dose #	Taken?	Date	Dose #	Taken?	Date
241			251			261		
242			252			262		
243			253			263		
244			254			264		
245			255			265		
246			256			266		
247			257			267		
248			258			268		
249			259			269		
250			260			270		