**Hospital Admission**

* This form should be filled out whenever a patient is hospitalized during treatment, for any reason, including administrative (e.g. patients are required to be hospitalized for treatment initiation) or social reasons (e.g. patient is homeless and has been temporarily hospitalized).
* This form should also be filled out if the patient is already hospitalized at the beginning of treatment initiation with new TB drugs (e.g. the patient was hospitalized for poor clinical status and during the hospital stay, it was decided to change the treatment regimen to include new TB drugs).
* **Date of hospital admission:** the exact date when the patient was hospitalized. If this form is being filled out later, record the first night the patient spent in the hospital.
* **Hospital name**: the name of the hospital where the patient is hospitalized
* **Admission diagnosis** is the main diagnosis that is why the patient needed to be hospitalized. Often this is written on the patient's admission note. If it is not clear, ask the responsible doctor.
* **Other notes or comments**:
  + Concisely explain the sequence of events leading up to the hospital admission.
  + If there are additional reasons for the admission besides what was marked above, write them here.