**Monthly Treatment Completeness**

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| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility patient ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMR ID#: \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_— \_\_ \_\_ \_\_ \_\_ \_\_ |

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| Treatment period | Month: |  | Year: |  |

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| Treatment delivery method (most applicable this month) | ☐ DOT inpatient  ☐ DOT outpatient facility-based  ☐ DOT outpatient community-based  ☐ Self Administered Treatment (SAT)  ☐ Combination SAT and DOT  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Ideal total treatment days in the month | Non-prescribed days | Prescribed days | | Principal reason for not having 100% completeness |
| Missed | Incomplete |
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\*Main reasons for treatment for less than 100% completeness (select only one):

1. Program related (e.g. drug shortage, staff absent, other program related)
2. Medical or treatment related (e.g. adverse event, comorbidity, severe condition of patient, other medical or treatment related)
3. Patient related (e.g. family problem, social problem, financial problem, related to work, substance abuse, other patient related)
4. Other (give reasons below)

**Additional details about principal reason for less than 100% completeness:**

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**Additional contributing reasons for less than 100% completeness:**

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**DOT rate per drug (optional)**

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| --- | --- | --- | --- | --- |
| Anti-TB drug | **Prescribed** (*f*) (days or doses) | **Missed prescribed** (*g*) (days or doses) | **Observed** (*h*) (days or doses) | **DOT rate observed/ prescribed %**  *i = h/f x 100 or*  *i = (f-g)/f x 100* |
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| Form filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Form entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |