**Treatment Initiation**

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

**NEW DRUGS TREATMENT ELIGIBILITY**

|  |  |
| --- | --- |
| Is this patient eligible for treatment with new drugs (according to WHO indication)? | ☐ Yes ☐ No ☐ Unknown |
| If YES, date that patient was determined to be eligible for new drugs: | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY) |

**If YES, what is the indication for new TB drugs (check all that apply)?**

|  |  |
| --- | --- |
| Patients for whom the construction of a regimen with four likely effective second-line drugs is not possible (check all that apply): | ☐ XDR (resistance to a fluoroquinolone and at least one second-line injectable)  ☐ Pre-XDR - fluoroquinolone (resistance to a fluoroquinolone, but susceptible to second-line injectables)  ☐ Pre-XDR - injectable (resistance to at least one second-line injectable, but susceptible to a fluoroquinolone)  ☐ Other patterns of resistance that are not XDR or pre-XDR (two or more Group 4 drugs)  ☐ Contact with a patient infected with a strain with one of the above resistance patterns  ☐ Unable to tolerate MDR drugs necessary for construction of the regimen  ☐ Previously "failed" an MDR regimen |
| Other patients who have high risk of unfavorable outcome but who do not fit the above categories (check all that apply): | ☐ Extensive or advanced disease  ☐ Co-morbidities or other conditions such as drug contraindications, patients with low body mass index (BMI), HIV, diabetes  ☐ Patients from catchment areas that have poor MDR-TB treatment outcomes despite good programmatic conditions (e.g. sites with extensive second-line drug resistance background) |

**CONSENT**

|  |  |
| --- | --- |
| Has the Treatment with New Drugs Consent Form been explained and signed? | ☐ Yes ☐ No ☐ Unknown |
| Has the endTB Observational Study Consent Form been explained and signed? | ☐ Yes ☐ No ☐ Unknown |

**Pregnancy and Breastfeeding Status (at treatment initiation)**

|  |  |
| --- | --- |
| Is the patient or partner pregnant at the time of starting treatment? | ☐ Yes ☐ No ☐ Not applicable  ☐ Unknown |
| If YES, what is the estimated date of delivery? \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ | |
| Is the patient or partner breastfeeding at the time of starting treatment? | ☐ Yes ☐ No ☐ Not applicable  ☐ Unknown |

**TREATMENT START**

|  |  |
| --- | --- |
| Did the patient start treatment? | ☐ Yes (fill out Active Medication Log) ☐ No |
| **Treatment start date:** | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (e.g. DD/MMM/YYYY) |
| If YES, in which facility did they start their treatment?  (This is the facility where the patient is registered, not necessarily the facility where the patient receives treatment.) | Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility patient ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If NO, reason for not starting treatment: | ☐ Patient refused  ☐ Lost to follow-up  ☐ Died  (date of death \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_)  ☐ Rejected by committee  ☐ Referred to other facility  ☐ Other |

**Next Assessment**

|  |  |
| --- | --- |
| Date of next assessment: | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Reason for next assessment: | ☐ 2 week assessment  ☐ Planned monthly assessment  ☐ Other assessment |
| Reason for other assessment | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Form filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Form entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |