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| --- | --- | --- | --- | --- |
| **DESTRoy TB**  ***D****iscovering* ***E****vidences* ***S****upporting the effectiveness of new* ***T****reatment for drug* ***R****esistant Tuberculosis* | Date |  |  |  |
| Patient # |  | | |
| TB doctor’s name |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Study number | |  | |
| 1 | Date of Birth | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | М | М | Y | Y | Y | Y | |  |  |  |  |  |  |  |  | | |
| 2 | Gender | ❑ Male | ❑ Female |
| 3 | Residence | ❑ City | ❑ Rural area |
| 4 | Occupation | ❑ Working / Student / Retired or disabled | ❑ Unemployed |
| 5 | Being in prison in the past | ❑ Yes | ❑ No |
| 6 | Living conditions | ❑ Availability of housing | ❑ Homeless |
| 7 | Marital Status | ❑ Married / Living together | ❑ Single |

**Clinical information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Weight, at the beginning of treatment |  | | |
| 2  1 | Height |  | | |
| 3 | Diabetes | ❑ Yes | | ❑ No |
| 4 | Hepatitis B (serology) | ❑ Yes | | ❑ No |
| 5 | Hepatitis C (serology) | ❑ Yes | | ❑ No |
| 6 | HIV (serology) | ❑ Yes | | ❑ No |
| 7 | If "Yes», CD4 |  | | |
| 8 | Using IV drugs \*\* | ❑ Yes | ❑ No | ❑ In the past |
| 9 | Alcohol abuse / dependence \*\* | ❑ Yes | | ❑ No |
| 10 | Other psychoactive substances | ❑ Yes | | ❑ No |
| 11 | Chronic renal failure | ❑ Yes | | ❑ No |
| 12 | Smoking | ❑ Yes | ❑ No | ❑ In the past |

\*\* Filled out from the words of the patient and / or staff

**Tuberculosis History**

Number of previous treatment courses: **0 ❑, 1 ❑** , **2-3 ❑** , **4-5 ❑** , Unknown ❑

Of these, the number of courses with the Second line drugs **1 ❑**, **2-3 ❑**, **4-5 ❑**, Unknown ❑

Regimen in the last course of treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The outcome of the last treatment (*circle*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cured** | **Treatment Completed** | **Failure of Treatment** | **Lost to Follow Up** | **Transferred** |

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Cut and paste in the Patient’s Medical Record

|  |  |  |  |
| --- | --- | --- | --- |
| Patient’s First Name | Patient’s Last Name | Patient’s Middle Name | Study Number |
|  |  |  |  |

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| **DESTRoy TB**  ***D****iscovering* ***E****vidences* ***S****upporting the effectiveness of new* ***T****reatment for drug* ***R****esistant Tuberculosis* | Date |  |  |  |
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| TB doctor’s name |  | | |

**This episode**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category patient (circle one)** | | | | | |
| New case of Pulmonary TB | Suspicion of Pulmonary TB | Relapse of Pulmonary TB | Treatment after default | Treatment after failure | Chronic TB and other cases |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Two-sides process (X-ray) | ❑ Yes | | ❑ No | |
| 2 | Cavity | ❑ Yes | | ❑ No | |
| 3 | The location and size of the process | ❑ 1-2 segments | ❑ up to 1 lobe | | ❑ 2 lobes and more |
| 4 | The presence of respiratory failure | ❑ Yes | | ❑ No | |

**Important dates DD MM YYYY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of hospitalization (if applicable) |  |  |  |
| Date of initial diagnosis (community level) |  |  |  |
| Date of final diagnosis (referral clinics) |  |  |  |
| Date of taking sputum samples for smear, culture and/or Xpert MTB / RIF |  |  |  |
| Date of the Xpert MTB / RIF results |  |  |  |
| Date of FQ and/or SLI DST results |  |  |  |
| Date of enrollment into the Study (ex. decision on the Clinical Committee) |  |  |  |

**Treatment Initiation**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of initiation of therapy | Prescribed medications *(circle)* | | | | | | | | | | | | | | |
|  | BDQ | LFX | MOX | CFZ | INHhd | Z | EMB | PTA | Am | Cs | PAS | LZD | Eth | DLM | Ipm/Mpm |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **XpertMTB/RIF Results** *(circle)* | | | | | |
| MTB + | MTB -- | RIF Resistance + | RIF Resistance -- | Error | No Test |

|  |  |  |  |
| --- | --- | --- | --- |
| FQ DST | | SLI DST | |
| Results | Testing method | Results | Testing method |
|  | LPA |  | LPA |
|  | Conventional Diagnostics (specify) |  | Conventional Diagnostics (specify) |

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ ✁**

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| **DESTRoy TB**  ***D****iscovering* ***E****vidences* ***S****upporting the effectiveness of new* ***T****reatment for drug* ***R****esistant Tuberculosis* | Date |  |  |  |
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| TB doctor’s name |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Smear results  (*POS, NEG, Not done*)** | | | **Culture results**  **(*POS, NEG, Not done*)** | |
| Month of treatment | Data | Results | Date | Results |
| Baseline |  |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| Month of Follow Up |  |  |  |  |
| 10 |  |  |  |  |
| 11  3 |  |  |  |  |
| 12 |  |  |  |  |
| 15 |  |  |  |  |
| 18 |  |  |  |  |
| 21 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **DST Results\*\*** | | |
| Date of sampling | Results | Date of the Results |
| DST at Baseline |  |  |
|  |  |  |
|  |  |  |
| DST after 4 months of treatment |  |  |
| DST after 6 months of treatment |  |  |
| DST after 9 months of treatment |  |  |

*\*\* Solid or liquid media and other available molecular tastings*

**NEW TREATMENT (when changing the treatment regimen)**

|  |  |  |
| --- | --- | --- |
| **Date of changes in therapy** | **Changes made** | **Reason for changes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Surgery (if applicable) Date \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Resection❑, Thoracoplasty ❑

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| --- | --- | --- | --- |
| The date of starting the continuation phase (DD, MM, YYYY) |  |  |  |
| Date of discharge from the Hospital (DD, MM, YYYY), if applicable |  |  |  |
| Date of completion of treatment (DD, MM, YYYY) |  |  |  |
| Treatment outcome second line drugs (TB01 / MDR-TB) |  | | |
| The total period of treatment in the Hospital (days) |  | | |
| If the patient was discharged and was hospitalized again, specify |  | | |
| Place of continuing treatment |  | | |
| Number of doses taken in the intensive phase |  | | |
| Number of doses taken during the continuation phase |  | | |
| Number of doses taken in the hospital |  | | |
| Number of doses taken as outpatient |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Outcomes** |  |
|  | **BDQ** |  | Cured | *Treatment completed in accordance with the clinical recommendations; smear and culture NEG* |
|  | **LFX** |
|  | **MOX** | Treatment completed | *Treatment completed in accordance with the clinical recommendations; no results for smear and culture available* |
|  | **CFZ** |
|  | **Z** |
|  | **EMB** |
|  | **PTA** |
|  | **INHhd** | Lost to Follow Up | *Interrupted treatment for 2 months or more* |
|  | **Am** |
|  | **Cs** | Died | *Died while being treated, for any reason* |
|  | **LZD** |
|  | **DLM** | Transferred | *Transferred to another territory or institution for further treatment* |
|  | **PAS** |
|  | **Ipm/Mpm** |  |  |  |