

DISTRICT TUBERCULOSIS REGISTER

DATE REGISTERED	DISTRICT TB NO.	NAME IN FULL	SEX (M/F)	AGE	ADDRESS IN FULL	TREATMENT UNIT/DOT CENTER	DATE TREATMENT STARTED	*TREATMENT CATEGORY	DISEASE SITE (P/EP & CODE NO.)	TYPE OF PATIENT **						
										NEW	RELAPSE	TREATMENT AFTER FAILURE	TREATMENT AFTER DEFAULT	TRANSFER IN	OTHER	
										N	R	F	D	T	O	

* Treatment Category

CAT 1 - New - smear-positive PTB
 smear-negative PTB
 Extra-pulmonary TB

CAT 2 - Re-treatment - Relapse
 Treatment after failure
 Treatment after default

**Type of Patient – Enter the appropriate code.

N - Patient who has never had treatment for TB or has taken anti TB drugs less than one month
 R - Patient previously treated for TB and declared cured or treatment completed but, returns with bacteriologically positive TB
 F - Patient who is smear-positive 5 months or more after starting treatment
 D - Patient who returns after defaulting more than two months and is positive bacteriologically
 T - Patient registered and transferred from another district for continuation of treatment
 O - Patient who does not fit into above types

RESULTS OF SPUTUM EXAMINATION								***TREATMENT OUTCOME						REMARKS
PRE-TREATMENT		2/3/4 MONTHS		5 MONTHS		END OF TREATMENT		CURED	TREATMENT COMPLETED	TREATMENT FAILURE	DIED	DEFAULTED	TRANSFERRED OUT	
LAB. NO.	RESULT	LAB. NO.	RESULT	LAB. NO.	RESULT	LAB. NO.	RESULT							

*** Enter date in appropriate column

- Cured:** Treatment completed and smear result negative at the end of treatment and on at least on one previous occasion
- Treatment completed:** Treatment completed and no smear results available on at least two occasions prior to completion of treatment
- Treatment failure:** Smear positive at 5 months or more
- Died:** Died from any cause during treatment
- Defaulted:** Patient who has not taken drugs for 2 consecutive months or more
- Transferred out:** Patient who has been transferred into another district for continuation of treatment and whose treatment outcome is not known