

**QUARTERLY REPORT ON SPUTUM CONVERSION OF SMEAR-POSITIVE  
PATIENTS AT THE END OF INTENSIVE PHASE.**

District:.....  Year:.....  Quarter:.....	Name of DTCO:.....  Signature:.....  Date of completion of report:.....
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Type of case	Total registered		Sputum at 2-months						Sputum at 3-months*						Died		Defaulted		Transferred out	
			Neg.		Pos.		N.A.		Neg.		Pos.		N.A.							
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
New																				
Relapse																				
Treatment after failure																				
Treatment after default																				
Other																				

\*To be done for new patients with positive smear at 2-months and sputum not available at 2-months & re-treatment patients