

11. Continuation Phase: Prescribed regimen and dosages

Tick the appropriate box and indicate daily number of tablets and dosages of S (gms)

CAT 1
 New case
 Daily (4 months)
 H R

CAT 2
 Re-treatment case
 Daily (5 months)
 H R E

Day* Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

* Enter '√' on day of supervised drug administration and draw a horizontal line (-----) to indicate the number of days supply given.

Remarks: _____

Treatment outcome with date	
Cured
Treatment completed
Treatment failure
Died
Defaulted
Transferred out