

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Quarterly Report on the Results of Treatment of Tuberculosis Patients Registered 13-15 Months Earlier

Name of area : _____	No : _____	Date _____	No registered during _____ quarter of	Name & signature of Reporter*:
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Patient registered during quarter **	Type of Patient	Cured	Treatment completed	Died	Failure	Defaulted	Transferred out	Total number evaluated (sum of columns 1 to 6)
		(1)	(2)	(3)	(4)	(5)	(6)	
	NEW CASES							
	Smear-positive- Total NSP							
	• Male							
	• Female							
	Smear-negative							
	Extra-pulmonary							
	Others							
	TOTAL NEW CASES							
	RETREATMENT CASES							
	Smear-positive relapses							
	Smear-positive failures							
	Smear-positive treatment after default							
	Others treated with Category II							
	TOTAL RETREATMENT CASES							

*The Reporter is the Medical Officer responsible not the person completing this form.

** Of these, _____ (number) were excluded from evaluation of treatment outcome (Annex details with the hard copy).

TB treatment outcomes of HIV positive TB patients

Type of TB case	Total No. known to be HIV infected	Treatment outcomes					
		Cure	Treatment completed	Died	Treatment failure	Default	Transfer out
NSP							
All TB cases							

Total no of TB patients known to be HIV infected	No. given CPT#	No. given ART#

During TB treatment