Patient Name: _____ County: _____

**BASIC INFORMATION LOG: 12-Dose Isoniazid-Rifapentine Latent TB Infection Treatment Dose and Symptom Monitoring**

Patient ID: _____ Age:_____ Sex: M / F Ethnicity: Hispanic / Non-Hispanic Race: _____ Weight: _____lbs Height: _____ft/inches

Treatment reason: ☐Contact ☐Corrections ☐Homeless ☐Refugee ☐Foreign-born ☐Convertor Dose: INH _____mg RPT_____mg

***Check ☑ symptoms or events reported on the listed date; otherwise, leave blank.**

| Date:<br>Dose: | __/__/__<br>0<br>Baseline | __/__/__<br>1 | __/__/__<br>2 | __/__/__<br>3 | __/__/__<br>4 | __/__/__<br>5 | __/__/__<br>6 | __/__/__<br>7 | __/__/__<br>8 | __/__/__<br>9 | __/__/__<br>10 | __/__/__<br>11 | __/__/__<br>12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Directly Observed Therapy (DOT) received | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| No adverse reaction | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Loss of appetite | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Nausea or vomiting | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Yellow eyes or skin | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Diarrhea | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Rash/hives | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Fever or chills | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sore muscles or joints | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Numbness or tingling | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Fatigue | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Dizziness/fainting | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Abdominal pain | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| (Other)_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Treatment stopped or held **(complete AE report on next page)** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Final Disposition: ☐ Completed INH-RPT treatment

☐ Stopped INH-RPT treatment Date __/__/__

- ☐ Lost to follow-up
- ☐ Moved
- ☐ Other
- ☐ Adverse event **(fill out next page if treatment stopped for AE)**

☐ Pending Completion of Alternate Regimen

Patient Name: _____ County: _____

**FILL OUT ONLY FOR ADVERSE EVENTS:**

| Symptom Related DOSE # | Rx Stopped or Held | Date Symptom Began | Symptom Onset after Dose | Symptom Duration | Hospital Admission | Medication Re-challenge | Outcome |
|---|---|---|---|---|---|---|---|
| | ☐ Yes<br>☐ No | | ☐ < 2 hrs<br>☐ 2 – 48hrs<br>☐ > 48hrs<br>☐ Unknown | ☐ < 1 day _____ hrs<br>☐ > 1 day _____ days<br>☐ Unknown | ☐ Yes<br>☐ No<br>☐ Unknown | ☐ Yes<br>☐ INH re-challenged<br>☐ RPT re-challenged<br>☐ No<br>☐ Unknown | ☐ Continue INH/RPT<br>☐ Switch to INH for 6 or 9 months<br>☐ Switch to Rifampin for 4 months<br>☐ Stopped any LTBI treatment<br>☐ Unknown |
| | ☐ Yes<br>☐ No | | ☐ < 2 hrs<br>☐ 2 – 48hrs<br>☐ > 48hrs<br>☐ Unknown | ☐ < 1 day _____ hrs<br>☐ > 1 day _____ days<br>☐ Unknown | ☐ Yes<br>☐ No<br>☐ Unknown | ☐ Yes<br>☐ INH re-challenged<br>☐ RPT re-challenged<br>☐ No<br>☐ Unknown | ☐ Continue INH/RPT<br>☐ Switch to INH for 6 or 9 months<br>☐ Switch to Rifampin for 4 months<br>☐ Stopped any LTBI Treatment<br>☐ Unknown |

Comment: Please (briefly) describe the adverse event, including symptoms, time of onset in relation to last INH-RPT dose, duration and resolution and any other factors (other medical conditions, medications). Enter comments in text box below:

Laboratory Values (only if applicable)

| Liver function tests | Value | Complete Blood Count | Value | Chemistry Panel | Value |
|---|---|---|---|---|---|
| Date (mm/dd/yyyy) | | Date (mm/dd/yyyy) | | Date (mm/dd/yyyy) | |
| AST (0–35 U/L) | | Hemoglobin (Men: 14–17 g/dL, Women: 12–16 g/dL) | | Na (Sodium) (136–150 meq/L) | |
| ALT (0–35 U/L) | | Hematocrit (Men: 41%–51%, Women: 36%–47%) | | K (Potassium) (3.5–5.0 meq/L) | |
| Alk Phos (36 – 92 U/L) | | White Blood Cell Count (4.0–10 x $10^9$ /L) | | BUN (urea nitrogen) (8–20 mg/dL) | |
| T. Bili (0.3–1.2 mg/dL) | | Platelets (150–350 x $10^9$ /L) | | Cr (Creatinine) (0.7 – 1.3 mg/dL) | |
| (Other) _____ | | (Other) _____ | | (Other) _____ | |

*Normal ranges may vary from site to site; these values are provided here for general reference