

NATIONAL TUBERCULOSIS CONTROL PROGRAMME- CONVENTIONAL CHEMOTHERAPY AREA

Quarterly Report on New and Retreatment Cases of Tuberculosis

Patients registered during _____ quarter* of 20

Name of area _____ No.# _____

Name of the Reporter _____

Signature: _____

Date of Completion of this form

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Block 1: All patients registered in the quarter

Pulmonary tuberculosis					Extra-pulmonary tuberculosis (4)		Total (5)		
Smear-positive			Smear-negative (3)						
New Cases (1)			Relapse (2)						
M	F	Total	M	F	M	F	M	F	Total

Block 2: Smear-positive new cases only: from Column(1) above

Age-group (years)												Total				
0-14		15-24		25-34		35-44		45-54		55-64		65 and above		M	F	Total
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total

Block 3: Treatment Regimen given

Type of patient	Regimen 1		Regimen 2		Total
	Smear-positive	Others	Smear-positive	Others	
New					
Relapse					
Failure					
Return after default					
Others					
Total					

Notes: * Quarters:

1st quarter January, February, March

2nd quarter April, May, June

3rd quarter July, August, September.

4th quarter October, November, December

#Number Identification number of the area

Regimen 1 [2HSE 10HE or 2HST 10HT]

Regimen 2 [12 HE or 12 HT]

How to fill in the form

Block 1: New cases and relapses of tuberculosis registered during _____ quarter of (year)_____ (*Fill in the quarter and year*)

Column (1): Smear- positive new cases Patients with sputum smear-positive pulmonary tuberculosis who have never received anti-Tuberculosis treatment or have received treatment for less than 4 weeks.

Column (2): Smear-positive relapses Patients with sputum smear-positive pulmonary tuberculosis who were declared cured by a Medical Officer but have now got the disease again.

Column (3): Smear-negative Cases Patients with pulmonary tuberculosis with 3 sputum samples negative for AFB, in whom the diagnosis of tuberculosis was made by means other than sputum microscopy.

Column (4): Extra-pulmonary tuberculosis Patients with tuberculosis of organs other than the lungs.

Column (5): Total	Males	Add all male patients in columns 1+2+3+4
	Females	Add all female patients in columns 1+2+3+4
	Total	Add all patients (males +females) in columns 1+2+3+4

Block 2: Smear-positive new cases: from Column (1) above.

In this block enter the patients already recorded in Block 1, Column (1) according to their sex and age group. If the exact age of a patient is not known at the time of his/her registration it should be estimated to the nearest 5 years (e.g. 15,20,25, etc).

Block 3 : This gives regimen wise break up of treatment regimens for all patients begun on treatment..

Quarterly Report of Sputum Conversion of New Cases

Patients registered during _____ Quarter of 20____

Name of area: _____ No _____

Name of reporter: _____ Signature: _____

			2	0	0	
d	d	m	m			

Date of completion of this form:

Complete this proforma for sputum smear-positive patients. The total number should be the same as in Block-3 of the Quarterly Report on New and Retreatment Cases of Tuberculosis.

Sputum smear positive patients treated with Regimen 1	Total number	Sputum at 2 months		
		Negative	Positive	NA

Sputum smear positive patients treated with Regimen 2	Total number	Sputum at 2 months		
		Negative	Positive	NA

N.A. - Not available; sputum examination was not done.

NATIONAL TUBERCULOSIS CONTROL PROGRAMME- CONVENTIONAL CHEMOTHERAPY AREA
Quarterly Report on the Results of Treatment of Smear Positive Patients Registered 15-18 Months Earlier

Name of district: _____ No.: _____ Date of completion of this form _____ 200 _____	Patients registered during _____ Quarter of 200 _____	Name of Reporter*: _____ Signature: _____
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Patients reported during quarter**	Type of patient (all smear-positive patients put on treatment)	Cured (1)	Treatment completed (2)	Died (3)	Failure (4)	Defaulted (5)	Transferred to another district (6)	Total number evaluated (sum of columns 1 to 6) (7)
	Pulmonary smear-positive cases treated with Regimen 1							
	Pulmonary smear-positive cases treated with Regimen 2							

*The Reporter is the Medical Officer responsible, not the person completing this form. This form includes all smear-positive patients. These totals should match those of the Quarterly Report on New and Retreatment cases for the quarter.

* Of these, _____ (number) were excluded from evaluation of chemotherapy for the following reasons:

NATIONAL TUBERCULOSIS CONTROL PROGRAMME- SCC AREA
Quarterly Report on Programme Management and Logistics

Name of the District _____ Quarter: _____ Year: _____

Microscopy Activities

Number of chest symptomatic patients whose sputum was examined for case-finding (diagnosis)	
Number of Smear-positive patients diagnosed	

Staff Position and Training

(Check ✓ if in place or not during quarter)

District Tuberculosis Officer in place	<input type="checkbox"/>	No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	
Medical Officer of the DTC	<input type="checkbox"/>	Yes (No. ___)	No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
Statistical Assistance in place	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
Treatment Organizer in place	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
District Tuberculosis Officer in place	<input type="checkbox"/>		No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>

Equipment in Place

Item	Number	In working condition	Not in working condition
Monocular microscopes			
Binocular microscopes			
X-ray machine			
Photocopier			
Overhead projector			
Jeep			
Two/three-wheeler			

Medication

<i>Item</i>	Stock on first day of quarter	Stock received during the quarter	Consumption during quarter	Stock on last day of quarter
	1	2	3	4
Isoniazid 300 mg				
Isoniazid 100 mg				
Isoniazid 75 mg/ Thiacetazone 37.5 mg				
Isoniazid 150 mg/ Thiacetazone 75mg				
Isoniazid 300 mg/ Thiacetazone 150mg				
Ethambutol 800 mg				
Ethambutol 400 mg				
Ethambutol 200 mg				
Streptomycin 1000 mg				
Streptomycin 750 mg				
X-ray rolls				

Name of the Officer reporting (in Captial Letters): _____

Signature : _____

Date: _____