



Name of Treatment Partner: 記載不要

Designation of Treatment Partner: 記載不要

Drug Intake (Intensive Phase/6 months IPT): 服薬状況を記載⇒DOTの場合[観察者のイニシャル], 自己管理の場合 [---], 飲み忘れ[0]

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	Doses given for this month	Total doses given								

Drug Intake (Continuation Phase):

initials if supervised by treatment partner, [---] if self-administered, 0 if absent

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	Doses given for this month	Total doses given												

Remarks: \_\_\_\_\_  
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