



Name of Treatment Partner: \_\_\_\_\_

Designation of Treatment Partner: \_\_\_\_\_

**Drug Intake (Intensive Phase/6 months IPT):**

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					

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_