Medication Layout for Video-Enabled Directly Observed Therapy (VDOT)

Today is _______/_____/___________ (mm/dd/yyyy)

If you are experiencing any of the following side effects STOP, do not take medication. Contact your TB care provider at: ______________________________ before taking any medication.

___ Abdominal pain/heartburn  ___ Flu-like symptoms  ___ Nausea/vomiting
___ Bruises, red/purple spots on skin  ___ Headaches  ___ Numbness/tingling in hands, feet, other
___ Convulsions  ___ Jaundice (yellow skin/eyes)  ___ Skin rashes/itching
___ Dark Urine (coffee-colored)  ___ Joint pain (chronic)  ___ Sores on lips or inside mouth
___ Dizzy, lightheaded  ___ Light colored stools/diarrhea  ___ Unusual bleeding (nose, gums, stool)
___ Ears ringing/fullness in ears  ___ Loss of appetite  ___ Visual problems-changes in your vision
___ Fever/chills for >3 days  ___ Malaise/fatigue-feeling unusually tired  ___ Weakness or tiredness

If you are not having any of the side effects listed above, place your pills on the boxes below:

Place Pills Here:

Name of Pill: ___________________  ___________________  ___________________  ___________________  ___________________
Number: _______ pills  _______ pills  _______ pills  _______ pills  _______ pills