



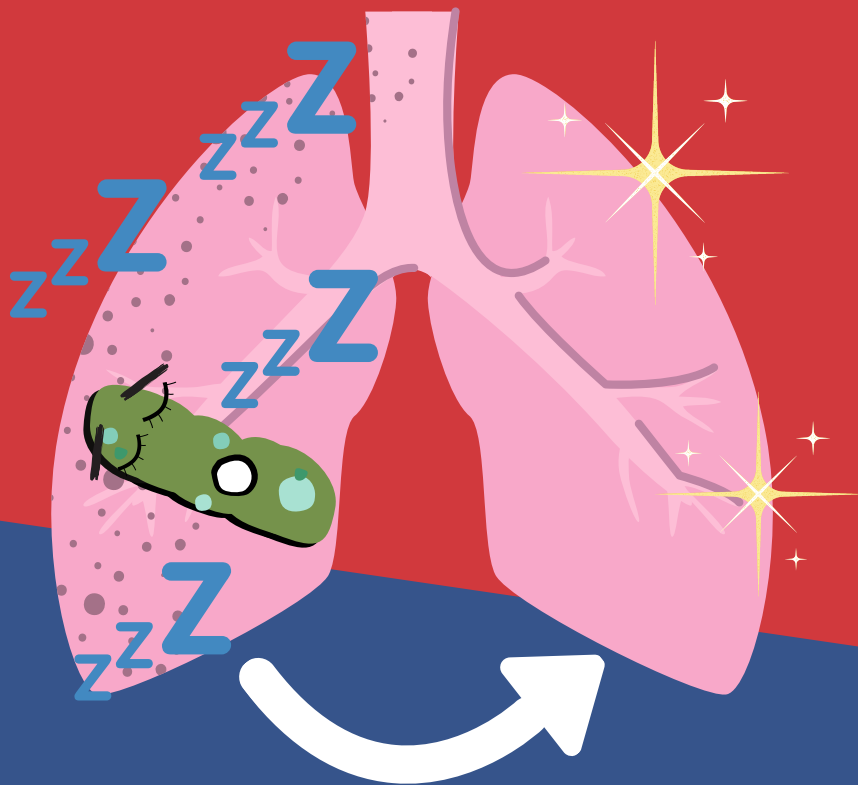
# TPT Passport

Name: \_\_\_\_\_

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose:  3 tablets  2 tablets

Schedule: *Take once per week on the same day*



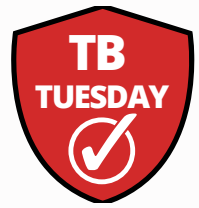
Record ID

12 doses to treat sleeping TB



Take your tablets  
**with water** -  
**never** with alcohol

Take your tablets  
on the **same day**  
**every week**



Sunday      Monday      **Tuesday**      Wednesday      Thursday      Friday      Saturday

week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4-week visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

week 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8-week visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Treatment Completion Date:



**Missed a day?**  
Take your tablets  
as soon **as you**  
**remember**

Store your tablets  
**out of the sun**  
and out of reach  
from children



Sunday    Monday    **Tuesday**    Wednesday    Thursday    Friday    Saturday

week 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12-week visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

week 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16-week visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

PEARL staff sign:



# Things to look out for



## NORMAL AND HARMLESS



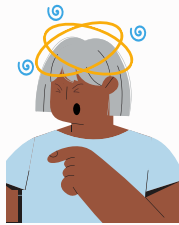
Bright orange urine, sweat or tears



## GET HELP IF THIS DOES NOT GO AWAY



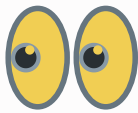
headache or  
sore throat



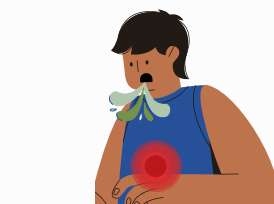
dizzy or  
light-headed



## STOP MEDICINE AND GET HELP



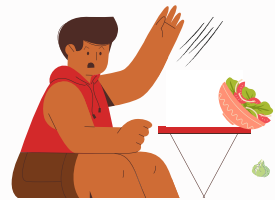
yellowing eyes  
or skin



nausea, vomiting,  
stomach pain



unusual  
tiredness



loss of  
appetite

# How to get help



Contact a CHOW in your community  
Call the PEARL helpline - XXX XXX XXX  
Visit a screening clinic to see a nurse  
If very unwell - go to the hospital