



# TPT Passport

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

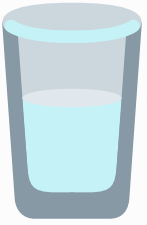
Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose:  3 tablets  2 tablets

*Take once per day every day*

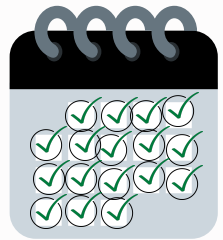


3 months to treat sleeping TB



Mix tablets **with water** – check they drink every drop!

Give tablets **every day** for 3 months



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?**  
Keep giving tablets **every day** until finished

Store 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 in kids



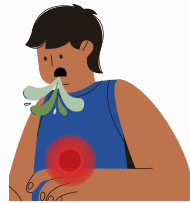
## NORMAL AND HARMLESS



Bright orange urine, sweat, tears or nappies



## GET HELP IF THIS DOES NOT GO AWAY



nausea, vomiting,  
stomach pain



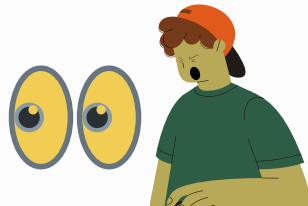
unusual  
tiredness



loss of  
appetite



## STOP MEDICINE AND GET HELP



yellowing eyes or skin



face or body rash

# 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