Patient_unique_number

Patient_family_name, middle_name, given_name.

V12032014

PHARMACY DISPENSING SHEET

Patient_Id.....Patient Name :.....(Surname, middle, given name)

Date	Visit type C	Visit type R	Follow-up date	Wt	Ht	MUAC	TB Status	Drugs	Dose x freq.	Amount supplied	CTX Amount supplied	Adherence (Good, Fair, Poor) ARVs	Adherence (Good, Fair, Poor) CTX	Reason for fair/poor adherence	Name of dispenser	Drugs picked by
~~2280~~ 2280	6174		1354	5089	5090	1343	2161	6127 – Ary use 1740 – Payment 1085	2431 – Dose 2432 – freq	2450	2450	1604	2283	1615	1658	1404
	– 6175	– 6176		BP 1464												

C=Clinical Visit R=Drug Refill Visit TB codes 1 No signs 2Suspect 3.On treatment

CODES FOR ADHERENCE:

ARVs and COTRIMOXAZOLE: Good (≥ 95%) Fair (85 – 94%) Poor (< 85%). % Adherence = no. pills taken ×100 / Total No of Pills expected to have been taken

1606 1607 1615 1598 2284 2285 2287 1609 1609 1357 1610 1611

Reason for poor adherence:

1.Toxicity 2. Felt better 3. Too ill 4. Stigma 5. disclosure issues 6.inadequate counselling 7.Travel problems 8. Depression 9.Drug out of stock 10. Forgot 11. Patient run out of pills 12. Alcohol consumption 13.change of care taker 14.Patients decision 15. Other

1612 1613 2286 1362

encounter_encounter_datetime