TEXAS Health and Human Services

Texas Department of State Health Services

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

Today is _____ (mm/dd/yyyy)

Place Pills Here:					
Name of the Pill:	_____	_____	_____	_____	_____
Number :	_____ pill(s)	_____ pill(s)	_____ pill(s)	_____ pill(s)	_____ pill(s)

If you are experiencing any of the following side effects place a (✓) check next to each side effect listed below. **STOP**, do not take medication, and contact your TB care provider at: _____ before taking any medication.

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