A screenshot of a cell phone

Description automatically generated **Video-Enabled Directly Observed Therapy**

**Patient Instructions**

1. Find a quiet place with proper lighting and try to face the bright light. Avoid shadowing and back light and close the door. Avoid background noise such as television and radio.
2. Have a clear glass or bottle of water ready.
3. Have medication package and medication layout sheet available.
4. Have you had any health problems/concerns today or since your last dose of medication?

* **If YES,** explain the problems you are experiencing. Examples include:
* Nausea/Vomiting
* Skin Rash or itching
* Loss of Appetite
* Abdominal Pain/Diarrhea
* Fatigue/weakness
* Jaundice (Yellow Skin/Eyes)
* Joint Pain/Swelling
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU ARE EXPERIENCING PROBLEMS OR STATED YES TO ANY OF THE SYMPTOMS ABOVE-----STOP!!!!!!! NOTIFY YOUR HEALTHCARE PROVIDER IMMEDIATELY BEFORE CONTINUING YOUR MEDICATION. They can be contacted at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* + **If NO**, continue to the next step.

1. Open medication package and sort pill(s) by name on medication layout sheet.
2. Open Emocha application and begin recording.
3. Slowly and clearly, say “My Name is…….. (First and Last name). My date of birth is (month/day/year).......Today is………(month/day/year)”. Make sure you speak up loud enough, so the camera can pick up your voice.
4. *Nurse or TB Program Staff to* select *all that apply*:  Show packets or pills to camera for at least 2 seconds  Say the name of medications  Show the medication layout sheet  State number of pills. Place pill(s) into mouth, take sip of water, swallow pill(s), and say AHHHHH! (ALWAYS have medications visible in camera).
5. If you drop a pill – pick it up, hold it back up into the camera before taking it, or open a new package if you cannot find it or don’t want to take a pill that has been dropped.
6. When you are finished taking your pills, tap the red circle button to stop recording video.
7. Once you hit the red circle button to stop recording, your video is automatically submitted. After that, your screen will give you a message that reads, “Great Job! Your videos are currently submitting.” You are now finished and have the option to view your progress or simply exit the application.

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Participant Signature Date

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Parent/Guardian Signature Date

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Staff Signature/Witness Date