

DOH Patient ID:

Patient Initials:

Date (MM-DD-YY) _____ - _____ - _____

SECTION A: DOT Dose Outcome

1. Type of DOT:

- ₁ ipDOT- Clinic ₂ ipDOT - Community ₃ eDOT- Live ₄ eDOT- Recorded

2. Observation Outcome:

Observed (Check box below)

- ₁ Mark **“C”** = **complete ingestion** if the following situations appear in the EMR:
- C** Complete ingestion of all medications
 - Any medication marked **DC** - discontinued **AND** all other medications marked **C** - complete ingestion
 - Any medication marked **S** - stop or hold **AND** other medications are marked **C** - complete ingestion
 - Initially noted **C** - complete ingestion, **AND** subsequently noted as **PV or V** - Vomited (Count as observed)
 - Any medication marked as **PO** - partial ingestion **AND** the chart indicates MD has temporarily decreased, discontinued, or stopped a drug **AND** all other medications marked **C** - complete ingestion

Not Observed (Select one reason below)

- ₂ **PS** Patient self-administered medication
- ₃ **NI or N** No ingestion observed
- ₄ **PO or P** Partial Ingestion & records DO NOT indicate any medications decreased, discontinued or stopped
- ₅ **PV or V** Vomited - Patient stopped ingesting medications due to vomiting
- ₆ **PN** Patient did not show at clinic
- ₇ **ND** Not at DOT location
- ₈ **PR or R** Patient Refused any or all medications
- ₉ **M** Medically Approved Absence
- ₁₀ **PD** Physician Decision
- ₁₁ **H** Hospitalized
- ₁₂ **IC** Incarcerated
- ₁₃ **AD** Admitted to Drug Rehab Program
- ₁₄ **T** Transfer to Long-Term Care
- ₁₅ **O** Other (i.e. weather event, not pre-planned)

LATE EXCLUSION:
5 continuous or 7 total during cross-over period

SECTION B: Adherence to Schedule

1. Was the patient adherent to the DOT Schedule?

- ₁ Yes → Go to Section C or D as appropriate
₂ No → Go to Question# 2

2. Was the patient seen?

- ₁ Yes → Go to Section C or D as appropriate
₂ No → Go to Question# 3

3. Reason dose not rescheduled:

- ₁ Too close to next scheduled dose
- ₂ Would fall on a “non-observable” day, e.g. weekend or holiday
- ₃ Patient missed or rescheduled DOT too many days in the same week
- ₄ Other Reason → (Provide details in Section D)

Complete SECTION C & D for the reasons listed above.

- ₁₆ **D** Died*
- ₁₇ **HO** Holiday*
- ₁₈ **HV** Holiday, recorded video submitted
- ₁₉ **WE** Weekend dose, not observed*
- ₂₀ **WO** Weekend dose, recorded video submitted*
- ₂₁ **NS** Not scheduled, not observed*(i.e. pre-planned events)
- ₂₂ **NO** Not scheduled, recorded video submitted *

Skip to SECTION C& D for the 6 reasons listed above.

*NOTE: These do not count towards 20 observable doses

SECTION C: Reasons why a medication dose was not observed (check all that apply)

Technical Issues

<input type="checkbox"/> ₁	SIC	Slow internet connection – causing image freezing or buffering	<input type="checkbox"/> ₅	SMB	Smartphone malfunction – battery not charged
<input type="checkbox"/> ₂	LIT	Low light, poor light – Difficulty seeing patient and/or medications	<input type="checkbox"/> ₆	CBP	Phone camera broken
<input type="checkbox"/> ₃	SMV	Smartphone malfunction – video not working	<input type="checkbox"/> ₇	CSM	Computer or software malfunction
<input type="checkbox"/> ₄	SMA	Smartphone malfunction – audio not working	<input type="checkbox"/> ₈	OTC	Other technical issue →(Provide details in Section D)

Patient-Related Issues

<input type="checkbox"/> ₉	POV	Patient was out of camera view	<input type="checkbox"/> ₁₅	PSC	Patient had conflict with work or school schedule
<input type="checkbox"/> ₁₀	PFM	Patient forgot medication at home or other location	<input type="checkbox"/> ₁₆	DPU	Exceeded allotted data plan usage
<input type="checkbox"/> ₁₁	POD	Patient ran out of drug(s) / Patient needs to refill drug(s)	<input type="checkbox"/> ₁₇	PNO	Patient not able to operate smartphone or software application
<input type="checkbox"/> ₁₂	PFA	Patient forgot appointment	<input type="checkbox"/> ₁₈	OPT	Patient - other problem →(Provide details in Section D)
<input type="checkbox"/> ₁₃	PRS	Patient DOT appointment rescheduled	<input type="checkbox"/> ₁₉	PLF	Patient late more than fifteen minutes
<input type="checkbox"/> ₁₄	PPL	Patient unable to find a private location			

Staff / Environmental Issues

<input type="checkbox"/> ₂₀	SUA	Staff unscheduled absence / illness	<input type="checkbox"/> ₂₃	INJ	Staff experienced an accident or injury during workday
<input type="checkbox"/> ₂₁	SEM	Staff needed to respond to an emergency with another patient	<input type="checkbox"/> ₂₄	TRV	Transportation/ commuting interruptions or delays
<input type="checkbox"/> ₂₂	WEA	Inclement weather caused safety concerns for travel	<input type="checkbox"/> ₂₅	OTS	Staff / Program – other problem →(Provide details in Section D)

₂₆ **NOI** **NO ISSUE**

SECTION D: Notes

Staff Name: _____