THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE
NATIONAL CARE AND TREATMENT
Cohort reporting form

No. 126770

CTC ID: _____ Registry ID: _____	Type of Service: ☐CTC ☐ RCH ☐ BOTH
Reporting Period:	Date of Completion of form (dd/mm/yyyy):
Facility name:	☐Public ☐Private ☐FBO ☐Other (specify)
District:	Region:
Name and designation of person reporting:	

This report should be submitted each quarter whenever any cohort matures at 6, 12, 24, 36, 48, 60 or 72 months at the facility.

	For Cohort starting ART by quarter/ year: at baseline then follow up results at, 12, 36, 48, 60 or 72 months on ART	Baseline results Quarter ___ Year ___	Follow up results Quarter ___ Year ___	Baseline results Quarter ___ Year ___	Follow up results Quarter ___ Year ___	Baseline results Quarter ___ Year ___	Follow up results Quarter ___ Year ___	Baseline results Quarter ___ Year ___	Follow up results Quarter ___ Year ___
G	Started on ART in this clinic-original cohort								
TI	Transfers in Add +	x		x		x		x	
TO	Transfers out Subtract -	x		x		x		x	
N	Net current cohort								
H	On original 1st-line regimen								
I	On alternate 1st-line regimen (substituted)								
J	On alternate 2nd-line or other regimen (switched)								
	Stopped								
	Died								
	Lost to follow-up								
	Percentage of cohort alive and on ART [(H+I+J) / N* 100]								
	CD4 median or fraction > 350 [of those with available CD4] (optional)								
	Functional status								
	Number **W**orking								
	Number **A**mbulatory								
	Number **B**edridden								
	Total **W+A+B**								
	Fill in the undemeath box only when a cohort is 6 or 12 months								
	Number of persons who **picked up ARV's each month for 6 or 12 months**	x		x		x		x	

Name of person reviewing the report:	Date: / /

REPORTING TIME			
	Date Received	Date Submitted to the next level	Name of person receiving the report
Facility	N/A	/ /	
District	/ /	/ /	
Region	/ /	/ /	
NACP	/ /	N/A	

Report submission Calendar

Report		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cross Sectional	Quarterly Tables 1,2 and 3	x			x			x			x		
Cohort Analysis		•			•			•			•		

x = report submitted to district coordinator
• = submit report to the district coordinator whenever any cohort matures at 6, 12, 24, 36, 48, 60 and 72 months.

INSTRUCTIONS
1st copy to NACP, P.O. Box 11857 DSM
2nd copy to DMO
3rd copy to remains at the facility