



**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: <input type="checkbox"/> CTC <input type="checkbox"/> RCH <input type="checkbox"/> BOTH
Reporting Period:	Date of Completion of form (dd/mm/yyyy):
Facility name:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> FBO <input type="checkbox"/> 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	Follow up results	Baseline results	Follow up results	Baseline results	Follow up results	Baseline results	Follow up results
		Quarter ____ Year ____	Quarter ____ Year ____	Quarter ____ Year ____	Quarter ____ Year ____	Quarter ____ Year ____	Quarter ____ Year ____	Quarter ____ Year ____	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 Working								
	Number Ambulatory								
	Number Bedridden								
	Total W+A+B								

Fill in the underneath 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	
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Name of person reviewing the report:	Date: / /
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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