



INH SIDE EFFECTS MONITORING CHECKLIST
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 14535 (1-02)

Patient		Date of Birth	
Address	City	State	Zip Code

Patient undergoing INH preventive therapy should be advised to discontinue medication and seek medical attention immediately upon development of any of the listed signs/symptoms.

SIGNS/SYMPTOMS	1 ST MONTH		2 ND MONTH		3 RD MONTH		4 TH MONTH		5 TH MONTH		6 TH MONTH	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Loss of appetite												
Fatigue or malaise												
Dark urine												
Jaundice or scleral Icterus												
Stomach pain												
Rash												
Headaches												
Nausea												
Abnormal weight fluctuation												
Insomnia												
Nervousness												
Others (specify)												

SIGNS/SYMPTOMS	7 TH MONTH		8 TH MONTH		9 TH MONTH		10 TH MONTH		11 TH MONTH		12 TH MONTH	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Loss of appetite												
Fatigue or malaise												
Dark urine												
Jaundice or scleral Icterus												
Stomach pain												
Rash												
Headaches												
Nausea												
Abnormal weight fluctuation												
Insomnia												
Nervousness												
Others (specify)												

Agency/Facility Submitting Report:						
MONTH	INTERVIEWER'S SIGNATURE	DATE		MONTH	INTERVIEWER'S SIGNATURE	DATE