



**INH SIDE EFFECTS MONITORING CHECKLIST**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**SFN 14535 (3-11)**

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 <sup>ST</sup> MONTH		2 <sup>ND</sup> MONTH		3 <sup>RD</sup> MONTH		4 <sup>TH</sup> MONTH		5 <sup>TH</sup> MONTH		6 <sup>TH</sup> MONTH	
	YES	NO										
Loss of appetite												
Fatigue or malaise												
Dark urine												
Yellowing of skin or eyes												
Stomach pain												
Rash												
Numbness or tingling in fingers or toes												
Nausea												
Vomiting												
Insomnia												
Others (specify)												

SIGNS/SYMPTOMS	7 <sup>TH</sup> MONTH		8 <sup>TH</sup> MONTH		9 <sup>TH</sup> MONTH		10 <sup>TH</sup> MONTH		11 <sup>TH</sup> MONTH		12 <sup>TH</sup> MONTH	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Loss of appetite												
Fatigue or malaise												
Dark urine												
Yellowing of skin or eyes												
Stomach pain												
Rash												
Numbness or tingling in fingers or toes												
Nausea												
Vomiting												
Insomnia												
Others (specify)												

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