**Sidee looqadanayaa daawadaada Tiibishada**

**How to take your TB medicine**

Dhakhtarka ayaa qori doona magacaaga.

The doctor will write your name.

Dhakhtarka ayaa qori doona magaciisa ama magaceeda.

The doctor will write his or her name.

Dhakhtarka ayaa qori doona taariikhda imaanshahaaga.

The doctor will write the date of your visit.

Dhakhtarka ayaa qori doona magaca dawadaada.

The doctor will write the name of your medicine.

**Goormee?**

**When?**

Dhakhtarka ayaa goobo galin doona maalmaha todobaadka ee aad qaadan doontid dawadaada Tiibayda ama tiibishada. Dhakhtarka ayaa sidoo kale goobo galin doonaa wakhtiga maalinta (subixii ama fiidkii) ee aad qaadan doontid dawadaada Tiibayda.

The doctor will circle the days of the week when you will take your TB medicine. The doctor will also circle the time of day (either morning or evening) when you will take your TB medicine.

**Imisa?**

**How many?**

Dhakhtarka ayaa qori doona tirada kiniinka ee aad afka ka qaadanaysid wakhti kasta.

The doctor will write the number of pills for you to take by mouth each time.

Weligaada halaba laabin daawadaada Tiibishada, xitaa haddii aad katagtid qaadashada qiyaasta daawada.

Never double up on your TB medicine, even if you miss a dose.

**Lajirta cunto?**

**With food?**

Dhakhtarka ayaa qori doona in dawadaada lagu qaadanayo cunto ama aan lagu qaadanayn.

The doctor will write whether to take your medicine with or without food.

**In intee la eg?**

**How long?**

Dhakhtarka ayaa qori doona tirada bilaha ee laga yaabo inay kugu qaadato inaad ku dhammeysid dawadaada Tiibayda.

The doctor will write the number of months it will likely take you to finish your TB medicine.

**Haddii aadan dareemaynin si caadi ah...**

**If you don't feel normal…**

**1.) Jooji qaadashada daawadaada Tiibishada.**

**Stop taking your TB medicine.**

**2.) Wac ama aad dhakhtarkaaga isla markiiba.**

**Call or go to your doctor right away.**

Dhakhtarka ayaa qori doona lambarka telefoonkiisa ama teleefonkeeda iyo adreeska.

The doctor will write his or her phone number and address.

This material was developed by the Massachusetts Department of Public Health. Language: Somali. December 2014.
For more information, visit www.mass.gov/dph/cdc/tb