Table S1. PROFOMA FOR REPORTING ADRs DURING CLINICAL TRIAL PERIOD

Volunteer Name			**Age**	**BP**	**Dated:**	**Pulse rate**	
Sex	**M**	**F**	**Contact No**				
Marital status	**Married**		**Unmarried**			**Weight**	
Address							
Family History							

Fluroquinolones used			**Daily Dose**	**Dose duration**	**Yes/NO**
1	*Moxifloxacin*		400 mg	5 days	
2	*Gemifloxacin*		325 mg	5 days	

Adverse/Side Effects and Non-Compliance:

S.no.1	***Moxifloxacin***	**Compliance (Yes/No)**
S.no .2	***Gemifloxacin***	**Compliance (Yes/No)**