**Post-treatment Month 6 Outcome**

* This form is filled out at the post treatment assessment, 6 months after the end of TB treatment.
* In some cases, the patient may die, be diagnosed with TB, be lost to followup or be transferred out of follow-up, BEFORE the 6 months post treatment assessment. In these cases, this form should be filled at earlier than 6 month post treatment, at the time of the event.
* **Date of post-treatment outcome decision** is the date that one of the below outcomes was decided.

**Post treatment Month 6 Outcome**

* **No change in outcome post-treatment**
  + End of treatment outcome was CURED or COMPLETED and the patient is now culture-negative with no signs of relapse;
  + End of treatment outcome was FAILURE, and the patient and has not died or been lost to follow-up since. If the patient has died since the end of treatment and before the 6 months of follow-up, then mark "DIED POST- TREATMENT".
  + End of treatment outcome was TREATMENT ADAPTED and the patient is now on a new treatment including new drugs.
* **Died post-treatment**. Write the date of death, and mark only one cause of death.
* **Relapse or recurrence**. End of treatment outcome was "CURED" or "COMPLETED", and the patient has now been diagnosed again with TB by a clinician.
* **Lost to follow-up after finishing treatment**. Multiple reasons for lost to follow-up may be marked.
* **Not evaluated**. No 6 month post treatment outcome is assigned (this includes cases transferred out to another treatment unit for post treatment followup and those for whom the treatment outcome is unknown). If the patient is transferred out, write the name of the health center to which the patient was transferred and the district in which it resides.