**Final Post Treatment Outcome Form**

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| **patient information** | | | |
| **Name:** | | **Surname:** | |
| **Registration #:** | | **EMR ID #:** | |
| ***Instructions:*** *This form is filled out* ***once only*** *for patients who were successfully completed treatment (cured or treatment complete), when a post-treatment outcome is assigned according to your protocol. This usually takes place at 12 months post end of treatment, or prior to 12 months if an outcome is reached in the case of relapse or death. At 12 months, a formal assessment of all patients who do not yet have a post treatment outcome should be done with relevant tests, including culture, and this form filled in only once results are available (culture and/or X-ray). The decision may be based on “direct information”, which includes culture results, registration in NTP treatment, known death, or clinical evaluation of patient, or on “indirect information”, which includes information from a third-party source on the patient’s health status that is not confirmed.* | | | |
| **Date of post-treatment outcome decision:** \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (dd/mmm/yyyy) | | | |
| **Final post-treatment outcome (select only ONE)** | | | |
| ⃝ **NO RECURRENCE** | ⃝ Clinically without signs or symptoms of TB and culture negative  ⃝ Clinically without signs or symptoms of TB and no culture done | | |
| ⃝ **DIED, POST- TREATMENT** | *Patient died after finishing treatment.*  **Date of death**: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (dd/mmm/yyyy) | | |
| **Suspected primary cause of death** *check only one option* | | |
| ⃝ TB was immediate cause of death  ⃝ TB contributed to death  ⃝ Surgery-related death  type of surgery: | ⃝ Cause other than TB (suspected cause: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  ⃝ Cause related to TB treatment  ⃝ Unknown | |
| ⃝ **RECURRENCE** | ⃝ Two positive cultures (taken on different days) irrespective of the presence of clinical signs or symptoms of TB  ⃝ One positive culture with clinical signs or symptoms or radiographic deterioration | | |
| **⃝ LOST TO FOLLOW-UP, POST- TREATMENT** | **Why was the patient lost to follow-up?** *check all that apply:* | | |
| ⃝ Adverse event(s)  ⃝ Patient refused follow up  ⃝ Substance abuse  ⃝ Social problem *(family, financial, complex social situation)* | ⃝ Left town, region, country  ⃝ No confidence in treatment  ⃝ Unknown  ⃝ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **COMMENTS:** | | |
| ⃝ **NOT EVALUATED** | *No post-treatment outcome is assigned (this includes cases transferred out to another treatment unit and whose treatment outcome is unknown).* | | |
| **Did the patient transfer out?** | | |
| ⃝ Yes **Where**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⃝ No **Why does the patient have this outcome**? | | |
| **Form completed by:** | | | **Date:** \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (dd/mmm/yyyy) |
| **Form entered into EMR by:** | | | **Date:** \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (dd/mmm/yyyy) |