

Followup Medical History

study_unique_id

followup_center

followup_id

unique_followup_id

rehospitalize

☐ Yes
☐ No

number_rehospitalize

operation

☐ Yes
☐ No

operation_typanostomy_tube

☐ Yes
☐ No

operation_tracheostomy

☐ Yes
☐ No

operation_eye_surgery

☐ Yes
☐ No

operation_eye_surgery_reason

☐ strabismus
☐ cataract
☐ ROP
☐ other
(eyeSurgeryReason)

operation_hernia_surgery

☐ Yes
☐ No

operation_gastrostomy_tube

☐ Yes
☐ No

operation_fundoplication

☐ Yes
☐ No

operation_shunt_for_hydrocephalus

☐ Yes
☐ No

operation_reanastomosis_of_large_or_small_intenstine

☐ Yes
☐ No

operation_pda_ligation

☐ Yes
☐ No

operation_brochoscopy	<input type="radio"/> Yes <input type="radio"/> No
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operation_hypospadias_repair	<input type="radio"/> Yes <input type="radio"/> No
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operation_other	<input type="radio"/> Yes <input type="radio"/> No
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operation_other_text	<hr/>
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medication	<input type="radio"/> Yes <input type="radio"/> No
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vitamin_mineral_supplement	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
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high_caloric_formula	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
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diuretics	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
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anti_reflux_medication	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
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bronchodilator	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
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inhaled_steroid	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
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oral_iv_steroid	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
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other_asthma_medication	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
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decongestant_cold_allergy_medication	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
anticonvulsant_medication	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
prophylactic_antibiotics	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
antibiotics	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
constipation_medication	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
blood_pressure_medication	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
thyroid_medication	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
muscle_relaxants	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
botox	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
other_medication	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
other_medication_text	<hr/>
seizure	<input type="radio"/> Yes <input type="radio"/> No
medical_equipment_home_use	<input type="radio"/> Yes <input type="radio"/> No

apnea_monitor	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
oxygen	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
ventilator_cpap	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
gastrostomy_tube	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
tracheostomy	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
pulse_oximeter	<input type="radio"/> no <input type="radio"/> yes, but stopped <input type="radio"/> yes, still using (medicationUse)
flu_shot	<input type="radio"/> Yes <input type="radio"/> No
rsv_prophylaxis	<input type="radio"/> Yes <input type="radio"/> No
independent_feed_self	<input type="radio"/> Yes <input type="radio"/> No
assisted_eat_by_mouth	<input type="radio"/> Yes <input type="radio"/> No
tube_feed	<input type="radio"/> Yes <input type="radio"/> No
tpn	<input type="radio"/> Yes <input type="radio"/> No
diet_milk	<input type="radio"/> Yes <input type="radio"/> No
diet_table_food	<input type="radio"/> Yes <input type="radio"/> No
diet_soft_food	<input type="radio"/> Yes <input type="radio"/> No

diet_liquid	<input type="radio"/> Yes <input type="radio"/> No
diet_thickend_liquid	<input type="radio"/> Yes <input type="radio"/> No
subcutaneous_fat_necrosis	<input type="radio"/> Yes <input type="radio"/> No
equipment_for_standing	<input type="radio"/> Yes <input type="radio"/> No
adapted_stroller	<input type="radio"/> Yes <input type="radio"/> No
braces_orthotics	<input type="radio"/> Yes <input type="radio"/> No
walker	<input type="radio"/> Yes <input type="radio"/> No
stander	<input type="radio"/> Yes <input type="radio"/> No
corner_chair_tumbler_form	<input type="radio"/> Yes <input type="radio"/> No