

Followup Status

study_unique_id	<input type="text"/>
followup_center	<input type="text"/>
followup_id	<input type="text"/>
unique_followup_id	<input type="text"/>
status_visit_date	<input type="text"/>
status_birth_date	<input type="text"/>
child_final_status	<input type="radio"/> child seen, follow-up visit completed <input type="radio"/> died after initial discharge to home <input type="radio"/> lost to follow-up <input type="radio"/> follow-up visit completed in another NRN center <input type="radio"/> child seen, but follow-up visit incomplete (followupStatus)
death_date	<input type="text"/>
death_cause	<input type="radio"/> proven sepsis <input type="radio"/> suspect sepsis <input type="radio"/> asphyxial brain injury <input type="radio"/> multi-organ failure <input type="radio"/> MAS <input type="radio"/> PPHN <input type="radio"/> pneumonia <input type="radio"/> CLD <input type="radio"/> other <input type="radio"/> congenital malformation <input type="radio"/> BPD/CLD <input type="radio"/> BPD with infection <input type="radio"/> aspiration pneumonia <input type="radio"/> CNS infection <input type="radio"/> pulmonary infection <input type="radio"/> trauma, accident <input type="radio"/> child abuse <input type="radio"/> dehydration <input type="radio"/> malignancy <input type="radio"/> unknown (deathCause)

reason_loss_follow_up	<div><div><input type="radio"/> adopted</div><div><input type="radio"/> out of area</div><div><input type="radio"/> lost</div><div><input type="radio"/> refused informed consent for follow-up</div><div><input type="radio"/> non compliant</div><div><input type="radio"/> foster care</div></div> <div>(reasonLossFollowUp)</div>
first_visit_date	<div></div>
final_visit_date	<div></div>