## Past Surgical History

Table for Recording Past Surgical History Data

| Past Surgical History | Yes/No | Date(s) – list all  (MM/YYYY) or Age (approximate) |
| --- | --- | --- |
| Feeding tube placement (e.g., J tube, G tube) | Yes  No | Data to be entered by site |
| Fundoplication (e.g., Nissen) | Yes  No | Data to be entered by site |
| Scoliosis surgery | Yes  No | Data to be entered by site |
| If Yes, type of scoliosis surgery:  Non-extendable rod  Extendable rod  Vertical Expandable Prosthetic Titanium Rib (VEPTR)  Fusion  Other, specify: | Intentionally left blank | Data to be entered by site |
| Tendon release | Yes  No | Data to be entered by site |
| If Yes, achilles tendon? | Yes  No | Data to be entered by site |
| If Yes, hip release? | Yes  No | Data to be entered by site |
| If Yes, tensor fascia lata release? | Yes  No | Data to be entered by site |
| If Yes, knee release? | Yes  No | Data to be entered by site |
| If Yes, elbow release? | Yes  No | Data to be entered by site |
| If Yes, other specify | Yes  No | Data to be entered by site |
| Tympanostomy tube | Yes  No | Data to be entered by site |
| If Yes, how many times in the same ear? | Intentionally left blank | Data to be entered by site |
| Tracheostomy | Yes  No | Data to be entered by site |
| Airway surgery (e.g., adenoidectomy, tonsillectomy) | Yes  No | Data to be entered by site |
| Neurological surgery | Yes  No | Data to be entered by site |
| If Yes, type of Neurological surgery:  Selective dorsal rhizotomy (SDR)  Baclofen pump placement | Intentionally left blank | Data to be entered by site |
| Bony orthopedic surgery | Yes  No | Data to be entered by site |
| If Yes, type of Bone orthopedic surgery?  Ankle/foot surgery  Elbow surgery  Hip surgery  Knee surgery  Shoulder surgery  Wrist surgery | Intentionally left blank | Data to be entered by site |
| Other surgery, specify | Yes  No | Data to be entered by site |

## Past Medical History – Hospitalizations excluding all surgeries

1. List all hospitalizations, specify if intubated on mechanical ventilation during the course of hospitalization

Total number of hospitalizations in lifetime:

Table for Recording Past Medical History - Hospitalizations Excluding all Surgeries

| Hospitalization # | Reason | Elective? | Admission Date –  (M M/YYYY) or Age (approximate) | Discharge Date  (M M/YYYY) or Age (approximate) | Ventilated? |
| --- | --- | --- | --- | --- | --- |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |
|  | Data to be entered by the site | Yes  No | Data to be entered by the site | Data to be entered by the site | Yes  No |

## Reasons:

P = Pneumonia or Respiratory

FT = Failure to Thrive

D = Dehydration

O = Other, specify

T = Trauma

I = Infection other than pneumonia

F = Fracture

S = Seizures

C = Cardiomyopathy/Arrhythmia

## General Instructions

This form contains data elements that are related to the participant/subject's past surgeries and past hospitalizations.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Other surgery, specify – Additional lines and other surgeries should be added as appropriate
* Hospitalization Reason – Record the letter corresponding to the reason applicable in the “Reasons” list. For “Other, specify”, also record the other reason the subject/participant was admitted to the hospital.
* Elective – Record if hospitalization was elective (versus emergent)