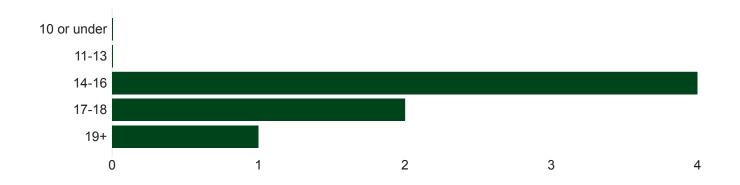
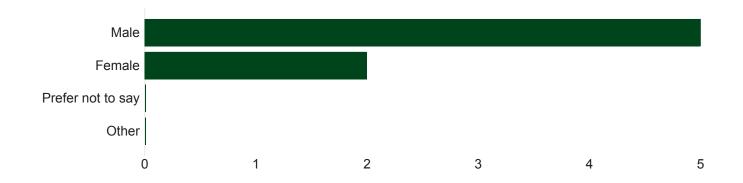
Q1 - My child's surgery was performed at age:



Field	Min	Max	Mean	Standard Deviation	Variance	Responses
My child's surgery was performed at age:	3	5	4	1	1	7

Field	Choice Count
10 or under	0
11-13	0
14-16	4
17-18	2
19+	1
Total	7

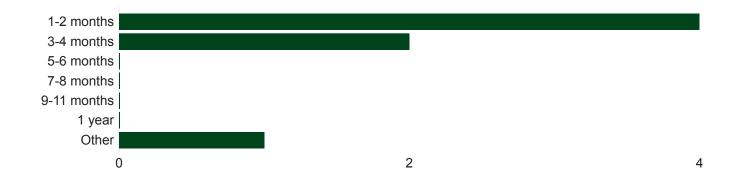
Q2 - My child is:



Field	Min	Max	Mean	Standard Deviation	Variance	Responses
My child is: - Selected Choice	1	2	1	0	0	7
Field						Choice Count

Male	5
Female	2
Prefer not to say	0
Other	0
Total	7

Q3 - How long do you feel your child needed your assistance during recovery?



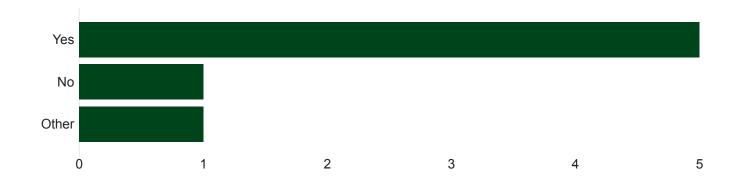
Field	Min	Max	Mean	Standard Deviation	Variance	Responses
How long do you feel your child needed your assistance during recovery? - Selected Choice	1	7	2	2	4	7

Field	Choice Count
1-2 months	4
3-4 months	2
5-6 months	0
7-8 months	0
9-11 months	0
1 year	0
Other	1
Total	7
Other - Text	

Still continue to assist

Choice Count

Q4 - Did your child have the Ravitch or Nuss Procedure to treat Pectus Excavatum?

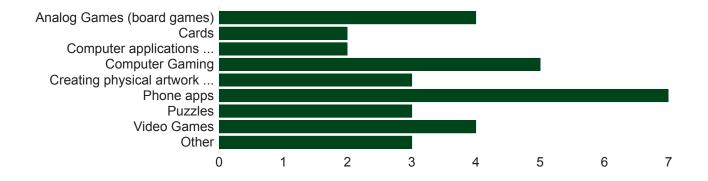


Field	Min	Max	Mean	Standard Deviation	Variance	Responses
Did your child have the Ravitch or Nuss Procedure to treat Pectus Excavatum? - Selected Choice	1	3	1	1	1	7

Yes	5
No	1
Other	1
Total	7

Field

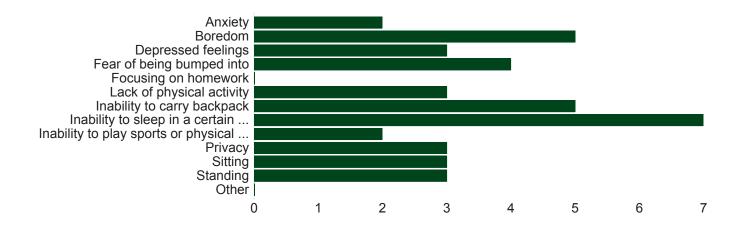
Q5 - My child played with the following during their recovery (check all that apply):



Field	Choice Count
Analog Games (board games)	4
Cards	2
Computer applications (Powerpoint, Illustrator, editing programs)	2
Computer Gaming	5
Creating physical artwork (sketching, crafts, painting, etc.)	3
Phone apps	7
Puzzles	3
Video Games	4
Other	3
Total	33
Other - Text	
Toys, Nerf Dart Gun, Rubiks Cube, Slime, Play Doh, Modeling Clay	
lots of net flicks	

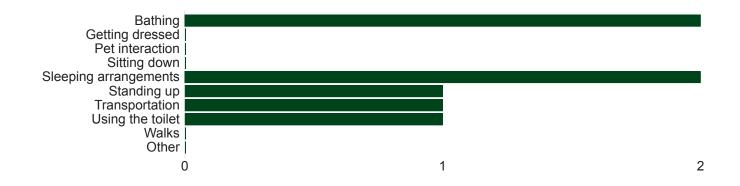
N/A

Q6 - My child complained about the following during their recovery (check all that apply):



Field	Choice Count
Anxiety	2
Boredom	5
Depressed feelings	3
Fear of being bumped into	4
Focusing on homework	0
Lack of physical activity	3
Inability to carry backpack	5
Inability to sleep in a certain position	7
Inability to play sports or physical activities	2
Privacy	3
Sitting	3
Standing	3
Other	0
Total	40

Q7 - Consider how your child moved around the house during their recovery. Which of the following tasks was the most difficult to assist them with?

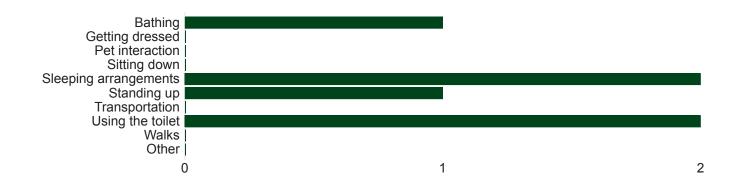


Field	Min	Max	Mean	Standard Deviation	Variance	Responses
Consider how your child moved around the house during their recovery. Which of the following tasks was	1	8	5	3	6	7
the most difficult to assist them with? - Selected Choice						

Field	Choice Count
Bathing	2
Getting dressed	0
Pet interaction	0
Sitting down	0
Sleeping arrangements	2
Standing up	1
Transportation	1
Using the toilet	1
Walks	0
Other	0

Total 7

Q8 - Consider how your child moved around the house during their recovery. Which of the following tasks was the second most difficult to assist them with?

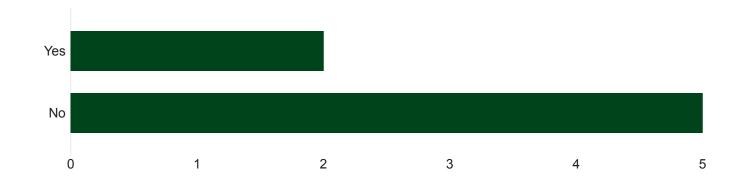


Field	Min	Max	Mean	Standard Deviation	Variance	Responses
Consider how your child moved around the house during their recovery. Which of the following tasks was the second most difficult to assist them with? - Selected Choice	1	8	6	2	6	6

Field	Choice Count
Bathing	1
Getting dressed	0
Pet interaction	0
Sitting down	0
Sleeping arrangements	2
Standing up	1
Transportation	0
Using the toilet	2
Walks	0

Total 6

Q9 - My child had a whistle, bell, or noisemaker to alert when they needed assistance.



Field	Min	Max	Mean	Standard Deviation	Variance	Responses
My child had a whistle, bell, or noisemaker to alert when they needed assistance.	1	2	2	0	0	7

Field	Choice Count
Yes	2
No	5
Total	7

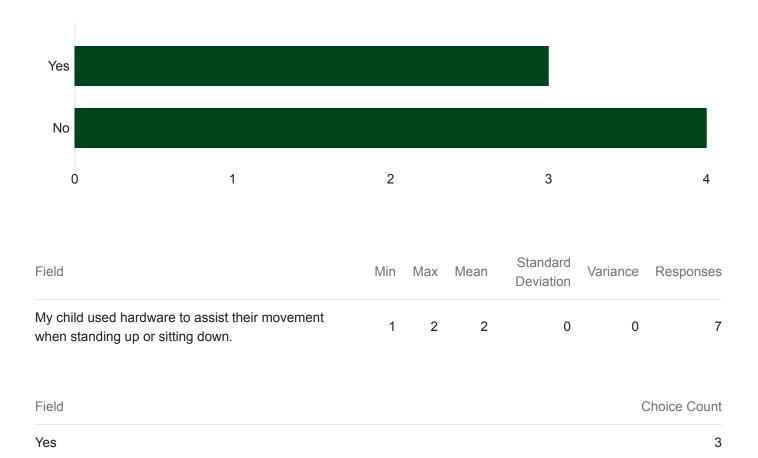
Q10 - My child asked for assistance when he/she could not reach an itch during their recovery.



4

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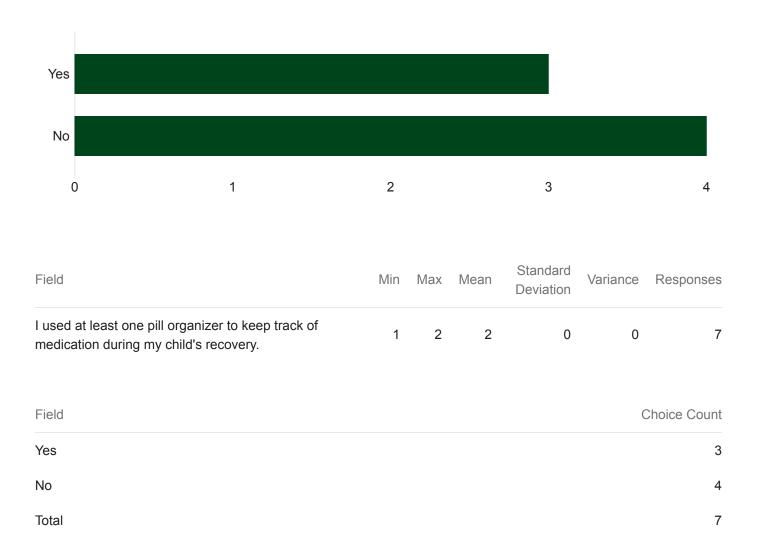
Q11 - My child used hardware to assist their movement when standing up or sitting down.



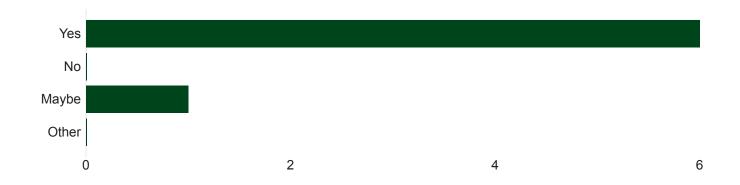
No

Total

Q12 - I used at least one pill organizer to keep track of medication during my child's recovery.



Q13 - My child had enough privacy at home during recovery.



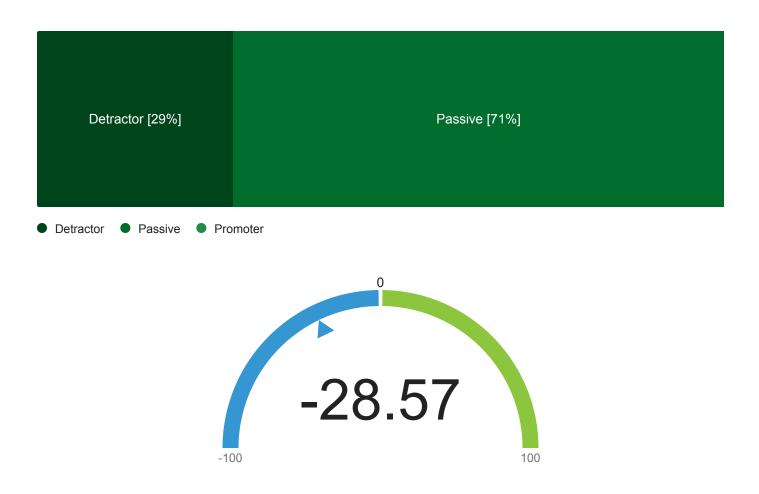
Field	Min	Max	Mean	Standard Deviation	Variance	Responses
My child had enough privacy at home during recovery Selected Choice	1	3	1	1	0	7

Field	Choice Count
Yes	6
No	0
Maybe	1
Other	0
Total	7

your child's medication during their recovery?					
	* <u>\\</u>				
	* \'				
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Q14 - On a scale 1-10, how concerned were you about keeping track of

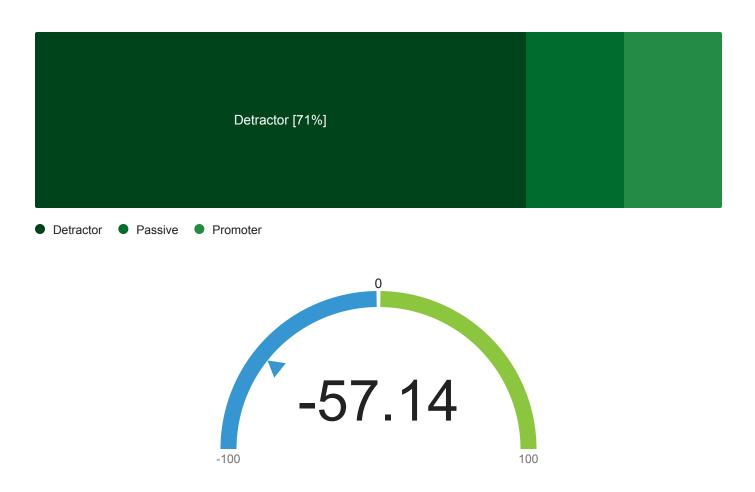
Q15 - On a scale 1-10, how concerned were you about communicating your child's daily pain levels during their recovery?



Q15_NPS_GROUP - On a scale 1-10, how concerned were you about communicating your child's daily pain levels during their recovery? - Group



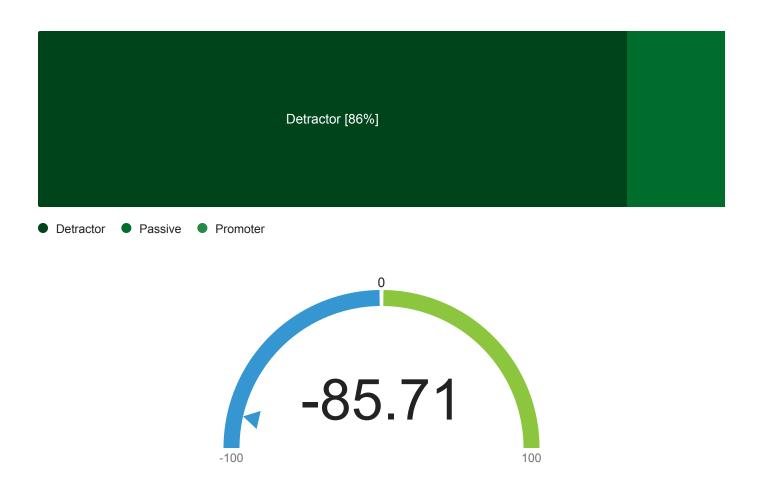
Q16 - On a scale 1-10, how concerned were you about your child's daily diet during their recovery?



Q16_NPS_GROUP - On a scale 1-10, how concerned were you about your child's daily diet during their recovery? - Group



Q17 - On a scale 1-10, how concerned were you about your child not being in line of sight while you were home during their recovery?



Q17_NPS_GROUP - On a scale 1-10, how concerned were you about your child not being in line of sight while you were home during their recovery? - Group



Q18 - What tip would you give to parents who also have a child going through similar surgery recovery?

What tip would you give to parents who also have a child going through similar surgery recovery?

Every child reacts to the surgery differently and has a different level of pain tolerance. We were lucky and didn't have any complications and my daughter has a very high pain tolerance so she didn't use the heavy pain meds for too long once we got home. Again, we were very lucky.

Make sure they are eating within a very healthy diet.

Use recliner Hug pillow if sneezing Hug pillow if throwing up Know meds and pain management ahead of time Dose and label small containers for each nighttime medication each night Sleep when you can - this is similar to taking care of a newborn.

We used a video monitor when we couldn't see our son. We rented a hospital bed. It was only \$170 a month and so worth it.

management recline similar label healthy monitor nighttime high complication level video month didn't pain daughter sleep heavy bed med couldn't small night eat again 170 child hug pillow timelong dose ahead different taking newborn container home rent make hospital react sneeze medication worth surgery

Q19 - Thank you for participating in this survey! If you would like to help more with this project, please leave a good form of contact below. (You will only be contacted about a short survey or phone interview) If your child is 18+ and willing to fill out a survey about their recovery process, feel free to leave their information below as well.



Field	Choice Count
Your name and contact info	2
18+ child's name and contact info	2
Total	4
Your name and contact info - Text	
Amy Oliva- markandamyoliva@gmail.com	
Matthew Wheeler mwheeler@jackrouse.com 513-235-2505	
18+ child's name and contact info - Text	
Reagan Griffiths, rmgriff07@gmail.com	
Reid Wheeler 513-872-9373 / Joseph Wheeler 513-384-7399	