Case History Questionnaire to Assess Risk of Bleeding in Children

Child’s name: ___________________________ Blood group: __________

Date of birth: ___________________________ Date: ________________

Child’s own case history

Doctor or parents to mark with cross:

1. Has your child had an increased incidence of **nosebleeds** for no detectable reason? □ yes □ no

2. Has your child had an increased incidence of bruising, including on the torso or unusual sites? □ yes □ no

3. After **immunisations**, did your child have clearly detectable bruising on the immunisation site? □ yes □ no

4. Have you noticed that your child has **bleeding gums** for no detectable reason? □ yes □ no

5. Has your child ever had an **operation**? Was there any heavy or persistent bleeding during or after an operation? □ yes □ no

6. Did your child have any bleeding when the **umbilical cord fell off**? □ yes □ no

7. Was there any prolonged or heavy bleeding after the milk teeth fell out or with **dental extraction**? □ yes □ no

8. Has your child ever received any **blood units** or **blood products**? □ yes □ no

9. Has your child taken **painkillers** such as aspirin in the past few days? □ yes □ no

If so, which? _____________________________

______________________________

10. Has your child received/is your child receiving any **medication**, such as antibiotics, valproate, Marcumar, ...? □ yes □ no

If so, which? _____________________________

______________________________

11. Has your child any known **underlying condition**, such as liver or kidney disease? □ yes □ no

______________________________

Classification by the doctor

If yes

- Continuing 2
- Seasonal only 3
- ENT findings present 1
- When taking medication 1
- Arterial hypertension 4
- Lively child? 0
- Without bumping himself/herself, being pinched, etc. 2
- Continuing 2
- Periodontitis 0
- Which operation? 4

- Over 5 minutes 2
- Aftercare was necessary 2
- When taking medication 1

- Bleeding tendencies since medication taken 2; 4; 5

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- What condition? 4
Additional questions for the mother

Doctor or mother to mark with a cross:

1. Do you have long (>7 days) and/or heavy menstrual bleedings (changing pads/tampons frequently)?

2. Did you have heavy bleeding during or after a child’s birth?

Classification by the doctor

<table>
<thead>
<tr>
<th>Classification</th>
<th>If yes</th>
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</thead>
<tbody>
<tr>
<td>Since the menarche</td>
<td>2</td>
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</tbody>
</table>

Family history, for mother and father separately

Doctor or the parents to mark with a cross:

1. Have you had an increased incidence of nose-bleeds, even for no detectable reason?

2. Have you had an increased incidence of bruising, even without bumping yourself?

3. Have you noticed gum bleeding for no apparent reason?

4. Do you think that you are bleeding longer after cuts (such as when shaving)?

5. Have you had longer or heavier bleeding after operations?

6. Have you had longer or heavier bleeding after dental extractions?

7. Have you ever received blood units or blood products?

8. Have there been or are there any cases of an increased bleeding tendency in your family?

Classification by the doctor

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Continuing</td>
<td>2</td>
</tr>
<tr>
<td>Seasonal only</td>
<td>3</td>
</tr>
<tr>
<td>ENT findings present</td>
<td></td>
</tr>
<tr>
<td>When taking medication</td>
<td>1</td>
</tr>
<tr>
<td>Arterial hypertension</td>
<td>4</td>
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</table>

<table>
<thead>
<tr>
<th>Classification</th>
<th>If yes</th>
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</thead>
<tbody>
<tr>
<td>Over 5 minutes</td>
<td>2</td>
</tr>
<tr>
<td>Typical injury (wet shave)</td>
<td>2</td>
</tr>
<tr>
<td>When taking medication</td>
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<thead>
<tr>
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<tr>
<td>Which operation?</td>
<td>4</td>
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<tr>
<td>Over 5 minutes</td>
<td>2</td>
</tr>
<tr>
<td>Aftercare was necessary</td>
<td>2</td>
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<tr>
<td>When taking medication</td>
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<tbody>
<tr>
<td>Degree of relationship</td>
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<tr>
<td>Diagnosis known</td>
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0 = no treatment needed
1 = medication case-history
2 = clotting diagnostic investigation needed, possibly refer to Clotting Centre
3 = refer to ENT specialist
4 = retrieval of findings, consultation if necessary with specialist in haemostasis, paediatrician or physician
5 = consultation with specialist in haemostasis, paediatrician or physician/hospital (surgeon) and possible abstention