**SELF ADMINISTERED BLEEDING TOOL (SELF-BAT)**

**START TIME:** ____________  **END TIME:** ____________

- If answer [ ☐ ] **Yes** to ANY of the questions below, please complete those sections of the attached questionnaire.
- If answer [ ☐ ] **No** to ALL of the questions below, please complete section 14.0 of the attached questionnaire.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Have you ever had a nosebleed?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>2.0</td>
<td>Have you ever had a bruise?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>3.0</td>
<td>Have you ever had bleeding from a small cut, for example, from a paper cut or shaving?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>4.0</td>
<td>Have you ever seen blood in the urine? (If you are a female, this does NOT mean from a period.)</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>5.0</td>
<td>Have you ever had bleeding from the stomach or bowel?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>6.0</td>
<td>Have you ever had bleeding from the mouth? (This does NOT include tooth extraction at the dentist.)</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>7.0</td>
<td>Have you ever had a tooth pulled by the dentist?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>8.0</td>
<td>Have you ever had surgery?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

*If the research participant is a **MALE** or a female that has NEVER had a period, please skip to 11.0 now*

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.0</td>
<td>Have you ever had a period?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>10.0</td>
<td>Have you ever had a baby or been pregnant?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>11.0</td>
<td>Have you ever had bleeding into a muscle?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>12.0</td>
<td>Have you ever had bleeding into a joint?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>13.0</td>
<td>Have you ever had bleeding into the head (brain) or spine?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Please complete section **14.0** of the attached questionnaire.
SELF-BLEEDING ASSESSMENT TOOL:

Patient Information

Name __________________________________________________________

Address _______________________________________________________

_________________________________________________________________

Phone Number ___________________ Email __________________________

Gender    Male  ☐    Female  ☐

Age ___________    Date of Birth _____________ (DD/MO/YYYY)

Ethnic Background _____________________________________________

Presenting complaint of bleeding or bruising today [Yes/No]           

Personal history of bleeding or bruising [Yes/No]                  

Ever been diagnosed with a bleeding disorder? [Yes/No]            

Diagnosis: _____________________________________________________

Immediate or extended family history of bleeding? [Yes/No]         

Relation of family member with bleeding: __________________________

What was the diagnosis? _________________________________________

Please describe any other diagnosed medical conditions, past or present:

_________________________________________________________________

_________________________________________________________________

Are you currently on birth control? [Yes/No]

If yes, please list the type and brand name (ex. IUD, Mirena):

_________________________________________________________________

_________________________________________________________________

Are you pregnant? _______    Gestation time _________________

Specify any herbals and/or medications that you have taken in the past 30 days:

Name:         Last time taken:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
1. **Have you ever experienced nosebleeds?**

   [ ] Yes  [ ] No (skip to 2)

1.1 Please check all of the reasons that have caused your nosebleeds.

   - an injury  [ ]
   - picking your nose  [ ]
   - dry air  [ ]
   - a stuffy nose (cold, allergy)  [ ]
   - taking an aspirin  [ ]
   - no reason, my nosebleeds just start on their own  [ ]

1.2 How long do your nosebleeds usually last?

   [ ] 10 minutes or less
   [ ] more than 10 minutes

1.3 How often do you have nosebleeds?

   [ ] 5 times per year or less
   [ ] more than 5 times per year

1.4 Have you ever talked to a doctor about your nosebleeds?

   [ ] Yes  [ ] No (skip to 2)

1.5 Have you ever been given medical treatment for your nosebleeds?

   [ ] Yes  [ ] No (skip to 2)

   If yes, please check all of the treatments that you have had.

   - my nose was cauterized or packed at least once  [ ]
   - I was on a medication (liquid or pills) at least once  [ ]
   - I was given a medication intravenously (IV), or with a needle under the skin at least once  [ ]
   - I was given a medication in a nose spray at least once  [ ]
   - I was given a blood transfusion at least once  [ ]
   - I was given a treatment, but don’t know what it was  [ ]

Comments:

______________________________________________________________________
______________________________________________________________________
2. **Have you ever had unexplained bruises or bruises that are bruises that are larger than you think they should be?**

   [ ] Yes  [ ] No (skip to 3)

2.1 Please check all the types of bruising you have had.

- petechiae, i.e. small (1-2 mm) red or purple spots on the skin [ ]
- a bruise [ ]
- a hematoma, i.e. a bruise that has a hard lump [ ]
- I don’t know [ ]

2.2 How large are your bruises usually?

- the size of a pea or smaller [ ]
- between the size of a pea and an orange [ ]
- the size of an orange or larger [ ]

2.3 How often do you get bruises?

- 5 times per year or less [ ]
- more than 5 times per year [ ]

2.4 Where do you usually get bruises?

- on the arms and legs only [ ]
- on the chest, back and stomach only [ ]
- all over your body [ ]

If you get small red-purple spots (petechiae), where do you usually see them?

- on the legs only [ ]
- on your face only [ ]
- all over your body [ ]
2.5 Have you ever talked to a doctor about your bruising?

[ ] Yes  [ ] No (skip to 3)

2.6 Have you ever been given medical treatment for your bruising?

If yes, please check all of the treatments that you have had.

- I was treated with medications at least once  [ ]

- I was given a blood transfusion at least once  [ ]

- I was given a treatment but don’t know what it was  [ ]
3. **Have you ever had bleeding from a small cut?**

   [ ] Yes  [ ] No (skip to 4)

3.1 **How long do you usually bleed after a small cut?**

   [ ] 10 minutes or less  [ ] more than 10 minutes

3.2 **How often do you have bleeding from a small cut?**

   [ ] 5 times per year or less  [ ] more than 5 times per year

3.3 **Have you ever talked to a doctor about bleeding from a small cut?**

   [ ] Yes  [ ] No (skip to 4)

3.4 **Have you ever been given medical treatment for a small cut?**

   If yes, please check all of the treatments that you have had.

   - I had stitches at least once  [ ]
   - I was given a medication intravenously (IV) or with a needle under the skin at least once  [ ]
   - I was given medication orally at least once  [ ]
   - I was given a blood transfusion at least once  [ ]
   - I was given a treatment, but don’t know what it was  [ ]
4. Have you ever seen blood in your urine? (If you are a female, this does NOT include when you have had your period.)

[ ] Yes [ ] No (skip to 5)

4.1 Please check all of the causes of blood in the urine that you have had.

- kidney stones
- infection
- another kidney or bladder disease
- no reason that I know

4.2 Have you ever talked to a doctor about unexplained blood in your urine?

[ ] Yes [ ] No (skip to 5)

4.3 Have you ever been given medical treatment for unexplained blood in your urine?

[ ] Yes [ ] No (skip to 5)

If yes, please check all of the treatments that you have had.

- I had surgery at least once to stop the bleeding
- I was on treatment with iron at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I was given antibiotics at least once
- I was given a treatment but don’t know what it was
5. Have you ever had bleeding inside your intestines, stomach or bowel? [ ] Yes [ ] No (skip to 6)

5.1 Have you ever:
- vomited red blood, or what looked like coffee grounds [ ]
- passed black, tarry stools while you were not taking iron supplements [ ]
- passed red blood in or with your stools [ ]

5.2 Please check all of the causes of this bleeding that you have had
- an ulcer [ ]
- liver disease [ ]
- abnormal and fragile blood vessels in the bowel (angiodysplasia) [ ]
- hemorrhoids, ‘piles’ or anal fissures [ ]
- another identifiable cause [ ]
- for no reason [ ]

5.3 Have you ever talked to a doctor about unexplained bleeding from your stomach or bowel? [ ] Yes [ ] No (skip to 6)

5.4 Have you ever been given medical treatment for unexplained bleeding from your stomach or bowel? [ ] Yes [ ] No (skip to 6)

If yes, please check all of the treatments that you have had.
- I had surgery to stop the bleeding at least once [ ]
- I was on a medication (liquid or pills) at least once [ ]
- I was given a medication intravenously (IV), or with a needle under the skin at least once [ ]
- I was given a blood transfusion at least once [ ]
- I was given a treatment but don’t know what it was [ ]
6. Have you ever noticed bleeding from the mouth? (This does NOT include tooth extraction at the dentist.)

[ ] Yes [ ] No (skip to 7)

6.1 Please check all of the causes of bleeding from the mouth that you have had.

- new teeth coming in or tooth loss [ ]
- brushing/flossing [ ]
- bite on lip, tongue or cheek [ ]
- cleaning at the dentist’s [ ]
- another cause [ ]

Please specify:

6.2 How long does this bleeding usually last?

[ ] 10 minutes or less
[ ] more than 10 minutes

6.3 Have you ever talked to a doctor or dentist about bleeding from the mouth?

[ ] Yes [ ] No (skip to 7)

6.4 Have you ever been given medical treatment for bleeding from the mouth?

[ ] Yes [ ] No (skip to 7)

If yes, please check all of the treatments that you have had.

- I had dental packing, cauterization or had stitches to stop the bleeding at least once [ ]
- I was on a medication (liquid or pills) at least once [ ]
- I was given a medication intravenously (IV), or with a needle under the skin at least once [ ]
- I was given a blood transfusion at least once [ ]
- I was given a treatment but don’t know what it was [ ]
7. **Have you ever had a tooth/teeth taken out at the dentist?**

[ ] Yes  [ ] No (skip to 8)

### 7.1 Please check what kind of tooth was taken out and note how many of each

- baby tooth [ ] ______
- adult tooth [ ] ______
- wisdom tooth [ ] ______

### 7.2 Did you experience any abnormal bleeding after any of these extractions?

[ ] Yes  [ ] No (skip to 8)

### 7.3 Have you ever talked to a doctor or dentist about this bleeding?

[ ] Yes  [ ] No (skip to 8)

### 7.4 Have you ever been given medical treatment for bleeding after a tooth was taken out?

If yes, please check all of the treatments that you have had.

- I had dental packing or had stitches to stop the bleeding, at least once [ ]
- I was on a medication (liquid or pills) at least once [ ]
- I was given a medication intravenously (IV), or with a needle under the skin at least once [ ]
- I was given a blood transfusion at least once [ ]
- I was given a treatment but don’t know what it was [ ]
8. Have you ever had surgery or a major trauma (e.g. car accident)?  
[ ] Yes  
[ ] No (skip to 9)

8.1 Please check what kind of surgery/trauma you had

- tonsils/adenoids taken out  
- other surgery of the nose or throat  
- surgery of the chest  
- surgery of the womb or ovaries, including caesarian section, removal of the womb  
- other surgery of the stomach or belly  
- other surgeries  

Please specify: __________________

8.2 Did you experience any abnormal bleeding during or after any of these surgeries?  
[ ] Yes  
[ ] No (skip to 9)

8.3 Have you ever talked to a doctor about the bleeding during or after you had surgery?  
[ ] Yes  
[ ] No (skip to 9)

8.4 Have you ever been given medical treatment for bleeding during or after surgery?  
[ ] Yes  
[ ] No (skip to 9)

If yes, please check all of the treatments that you have had.

- I had packing or stitches to stop the bleeding, at least once  
- I was on a medication (liquid or pills) at least once  
- I was given a medication intravenously (IV), with a needle under the skin, at least once  
- I was given a blood transfusion at least once  
- I was given a treatment but don’t know what it was  

Please specify: __________________

Please specify: __________________
If you are a male, please skip to 11 now.

9. Have you ever had a period? [ ] Yes [ ] No (skip to 10)

Are you:

☐ Pre-menopausal ☐ Post-menopausal

*If you are post-menopausal, please answer the following questions to the best of your ability

9.1Were/are your periods regular? [ ] Yes [ ] No

Please check all that applies to the heaviest period you ever had:

- I had to change my pad/tampon more often than every 2 hours
- the period lasted for more than 7 days
- I passed clots and had flooding
- Spotting mid-cycle

9.2 Have you stayed at home from work/school more than twice a year because of heavy bleeding? [ ] Yes [ ] No

9.3 Have your periods been heavy from the get-go? [ ] Yes [ ] No

9.4 How long have you had a problem with heavy periods? [ ] 1 year or less [ ] more than 1 year

9.5 Have you ever talked to a doctor about your heavy periods? [ ] Yes [ ] No
9.7 Have you ever been given medical treatment for heavy periods? [ ] Yes [ ] No (skip to 10)

If yes, please check all of the treatments that you have had.

- I was on iron or on other medications (liquid or pills) at least once
- I was given the birth control pill because of heavy periods
- I was given the birth control pill as well as on other pills
- I had surgery to stop the bleeding at least once (e.g. removal of the womb, burning (ablation) or scraping (curettage) of the lining of the womb)
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I was admitted to hospital at least once
- I was given a treatment but don’t know what it was
- I was given medication for pain associated with cramping

Comments: ____________________________________________________________
10. Have you ever been pregnant? [ ] Yes [ ] No (skip to 11)

10.1 Have you ever been pregnant but not carried the baby to term? [ ] Yes [ ] No (skip to 10.5)
   If so, how many times? ______

10.2 Was it associated with excessive bleeding? [ ] Yes [ ] No

10.3 Did you seek medical attention? [ ] Yes [ ] No
   If yes, please check all of the treatments you have had:
   - I was given a medication intravenously (IV) to induce contraction of the womb at least once
   - I was put on iron or other pills at least once
   - I was given a medication intravenously (IV), or with a needle under the skin at least once
   - I was given a blood transfusion at least once
   - I had an examination and/or packing of the womb while I was put asleep at least once
   - I had surgery (eg. removing the womb, tying off the bleeding vessels, ) at least once
   - I was in the intensive care unit (ICU) at least once
   - I was given a treatment but don’t know what it was
   - Other or non-applicable
10.5 Have you ever given birth by vaginal delivery? (If no, skip to 11)  
[ ] Yes  [ ] No (skip to 11)

How many times?

_____

Did you experience problems with bleeding during the pregnancy or after the birth? (If no, skip to 11)  
[ ] Yes  [ ] No

10.6 When did the problems with vaginal bleeding occur?  
[ ] within the first 24 hours after delivery
[ ] between 24 hours and 6 weeks after delivery
[ ] all of the above

10.8 How long did the vaginal discharge last?  
[ ] less than 6 weeks
[ ] more than 6 weeks

10.9 Did you have to stay in the hospital longer because of this bleeding?  
[ ] Yes  [ ] No

10.10 Have you ever talked to a doctor about this bleeding?  
[ ] Yes  [ ] No (skip to 11)
10.7 Have you ever been given medical treatment for bleeding after having a baby?

[ ] Yes  [ ] No (skip to 11)

10.8 If yes, please check all of the treatments that you have had.

- I was given a medication intravenously (IV) to induce contraction of the womb at least once  
[ ]

- I was put on iron or other pills at least once  
[ ]

- I was given a medication intravenously (IV), or with a needle under the skin at least once  
[ ]

- I was given a blood transfusion at least once  
[ ]

- I had an examination and/or packing of the womb while I was put asleep at least once  
[ ]

- I had surgery (eg. removing the womb, tying off the bleeding vessels, ) at least once  
[ ]

- I was in the intensive care unit (ICU) at least once  
[ ]

- I was given a treatment but don't know what it was  
[ ]
11. Have you ever had bleeding into a muscle? (This would look like a bruise on the skin, but it would be hard and hurt a lot more.)

[ ] Yes  [ ] No (skip to 12)

11.1 Was this bleeding caused by an injury?  

[ ] Yes  [ ] No

11.2 Have you ever talked to a doctor about your bleeding into a muscle?  

[ ] Yes  [ ] No (skip to 12)

11.3 Have you ever been given medical treatment for bleeding into a muscle?  

If yes, please check all of the treatments that you have had.

- I had surgery to take away the blood at least once  
  [ ]

- I was given a medication intravenously (IV), or with a needle under the skin at least once  
  [ ]

- I was given clotting factors at least once  
  [ ]

- I was given a blood transfusion at least once  
  [ ]

- I was given a treatment but don’t know what it was  
  [ ]
<table>
<thead>
<tr>
<th>12. Have you ever had bleeding into a joint?</th>
<th>[ ] Yes</th>
<th>[ ] No (skip to 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1 Was the bleeding caused by an injury?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>12.2 Have you ever talked to a doctor about bleeding into a joint?</td>
<td>[ ] Yes</td>
<td>[ ] No (skip to 13)</td>
</tr>
<tr>
<td>12.3 Have you ever been given medical treatment for bleeding into a joint?</td>
<td>[ ] Yes</td>
<td>[ ] No (skip to 13)</td>
</tr>
<tr>
<td>If yes, please check all of the treatments that you have had.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- I had surgery to take away the blood at least once</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- I was given a medication intravenously (IV), or with a needle under the skin at least once</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- I was given clotting factors at least once</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- I was given a blood transfusion at least once</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- I was given a treatment but don’t know what it was</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>13. Have you ever had bleeding into or out of the head, brain or spine?</td>
<td>[ ] Yes</td>
<td>[ ] No (skip to 14)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>13.1 Where was the bleeding?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Scalp</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- Under the skull and around the brain</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- Within the brain tissue</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- I don’t know</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td><strong>13.2 Please check all of the treatments that you have had.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- I had surgery to take away the blood</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- I had surgery to have a shunt put in</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- I was given a blood transfusion at least once</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>- I was given a treatment but don’t know what it was</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

______________________________________________________________________
______________________________________________________________________
14 Other types of bleeding. Some of these other types of bleeding would have happened shortly after birth.

14.1 Have you ever had any of the following?
- A problem with bleeding from the umbilical stump at birth [ ] Yes [ ] No [ ] Unsure
- cephalohematoma, i.e. a collection of blood under the scalp as a newborn, presenting as a soft swelling at the back of the head [ ] Yes [ ] No [ ] Unsure
- bleeding upon suctioning of the mouth and nose at birth [ ] Yes [ ] No [ ] Unsure
- bleeding into your cheek, caused by sucking during bottle or breastfeeding [ ] Yes [ ] No [ ] Unsure
- a problem with bleeding during or after the surgery to remove the foreskin of the penis (circumcision) [ ] Yes [ ] No [ ] Unsure
- a problem with bleeding from a needle poke when blood was drawn [ ] Yes [ ] No [ ] Unsure
- bleeding in the white of your eye [ ] Yes [ ] No [ ] Unsure
- bleeding after sexual intercourse [ ] Yes [ ] No [ ] Unsure

14.2 Have you ever talked to a doctor about any of those bleeding symptoms? [ ] Yes [ ] No
14.3 Have you ever been given medical treatment for any of these bleeding symptoms?

For each of these symptoms separately, please check the treatments that you have had.

- [ ] I was on a medication (liquid or pills) at least once
- [ ] I had surgery to stop the bleeding or had stitches at least once
- [ ] I was given a medication intravenously (IV), with a needle under the skin, at least once
- [ ] I was given a blood transfusion at least once
- [ ] I was given a treatment but don’t know what it was

[ ] Yes  [ ] No

If you have had problems with any other bleeding symptoms that were not included in this questionnaire, please comment on these here.

____________________________________________________________________
____________________________________________________________________
<table>
<thead>
<tr>
<th>SYMPTOMS (up to the time of diagnosis)</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epistaxis</td>
<td>No/trivial</td>
<td>- &gt; 5/year or - more than 10 minutes</td>
<td>Consultation only*</td>
<td>Packing or cauterization or antifibrinolytic</td>
<td>Blood transfusion or replacement therapy (use of hemostatic blood components and rFVIIa) or desmopressin</td>
</tr>
<tr>
<td>Cutaneous</td>
<td>No/trivial</td>
<td>For bruises 5 or more (&gt; 1 cm) in exposed areas</td>
<td>Consultation only*</td>
<td>Extensive</td>
<td>Spontaneous hematoma requiring blood transfusion</td>
</tr>
<tr>
<td>Bleeding from minor wounds</td>
<td>No/trivial</td>
<td>- &gt; 5/year or - more than 10 minutes</td>
<td>Consultation only*</td>
<td>Surgical hemostasis</td>
<td>Blood transfusion, replacement therapy, or desmopressin</td>
</tr>
<tr>
<td>Oral cavity</td>
<td>No/trivial</td>
<td>Present</td>
<td>Consultation only*</td>
<td>Surgical hemostasis or antifibrinolytic</td>
<td>Blood transfusion, replacement therapy or desmopressin</td>
</tr>
<tr>
<td>GI bleeding</td>
<td>No/trivial</td>
<td>Present (not associated with ulcer, portal hypertension, hemorrhoids, angiodysplasia)</td>
<td>Consultation only*</td>
<td>Surgical hemostasis, antifibrinolytic</td>
<td>Blood transfusion, replacement therapy or desmopressin</td>
</tr>
<tr>
<td>Hematuria</td>
<td>No/trivial</td>
<td>Present (macroscopic)</td>
<td>Consultation only*</td>
<td>Surgical hemostasis, iron therapy</td>
<td>Blood transfusion, replacement therapy or desmopressin</td>
</tr>
<tr>
<td>----------</td>
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<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Tooth extraction</td>
<td>No/trivial or none done</td>
<td>Reported in &lt;25% of all procedures, no intervention**</td>
<td>Reported in &gt;25% of all procedures, no intervention**</td>
<td>Resuturing or packing or antifibrinolytic</td>
<td>Blood transfusion, replacement therapy or desmopressin</td>
</tr>
<tr>
<td>Surgery</td>
<td>No/trivial or none done</td>
<td>Reported in &lt;25% of all procedures, no intervention**</td>
<td>Reported in &gt;25% of all procedures, no intervention**</td>
<td>Surgical hemostasis or antifibrinolytic</td>
<td>Blood transfusion, replacement therapy or desmopressin</td>
</tr>
<tr>
<td>Menorrhagia</td>
<td>No/trivial</td>
<td>Consultation only* or - Changing pads more frequently than every 2 hours or - Clot and flooding or - PBAC score&gt;100*</td>
<td>- Time off work/school &gt; 2/year or - Requiring antifibrinolytics or hormonal or iron therapy</td>
<td>- Requiring combined treatment with antifibrinolytics and hormonal therapy or - Present since menarche and &gt; 12 months</td>
<td>- Acute menorrhagia requiring hospital admission and emergency treatment or - Requiring blood transfusion, Replacement therapy, Desmopressin, or - Requiring dilatation &amp; curettage or endometrial ablation or hysterectomy</td>
</tr>
<tr>
<td>Post-partum hemorrhage</td>
<td>No/trivial or no deliveries</td>
<td>Consultation only* or - Use of syntocin or - Lochia &gt; 6 weeks</td>
<td>- Iron therapy or - Antifibrinolytics</td>
<td>- Requiring blood transfusion, replacement therapy, desmopressin or - Requiring examination under anaesthesia and/or the use of uterine balloon/package to tamponade the uterus</td>
<td>- Any procedure requiring critical care or surgical intervention (e.g. hysterectomy, internal iliac artery legation, uterine artery embolization, uterine brace sutures)</td>
</tr>
<tr>
<td>Muscle hematomas</td>
<td>Never</td>
<td>Post trauma, no therapy</td>
<td>Spontaneous, no therapy</td>
<td>Spontaneous or traumatic, requiring desmopressin or replacement therapy</td>
<td>Spontaneous or traumatic, requiring surgical intervention or blood transfusion</td>
</tr>
</tbody>
</table>
### Hemarthrosis

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Post trauma, no therapy</th>
<th>Spontaneous, no therapy</th>
<th>Spontaneous or traumatic, requiring desmopressin or replacement therapy</th>
<th>Spontaneous or traumatic, requiring surgical intervention or blood transfusion</th>
</tr>
</thead>
</table>

### CNS bleeding

|                     | Never | - | - | Subdural, any intervention | Intracerebral, any intervention |

### Other bleedings^*

|                     | No/trivial | Present | Consultation only* | Surgical hemostasis, antifibrinolytics or iron therapy | Blood transfusion or replacement therapy or desmopressin |

In addition to the guidance offered by the table, it is mandatory to refer to the text for more detailed instructions.

§ Distinction between 0 and 1 is of critical importance. Score 1 means that the symptom is judged as present in the patient’s history by the interviewer but does not qualify for a score 2 or more.

* Consultation only: the patient sought medical evaluation and was either referred to a specialist or offered detailed laboratory investigation.

** Example: 1 extraction/surgery resulting in bleeding (100%): the score to be assigned is 2; 2 extractions/surgeries, 1 resulting in bleeding (50%): the score to be assigned is 2; 3 extractions/surgeries, 1 resulting in bleeding (33%): the score to be assigned is 2; 4 extractions/surgeries, 1 resulting in bleeding (25%): the score to be assigned is 1.

# If already available at the time of collection.

^ Include: umbilical stump bleeding, cephalohematoma, cheek hematoma caused by sucking during breast/bottle feeding, conjunctival hemorrhage or excessive bleeding following circumcision or venipuncture. Their presence in infancy requires detailed investigation independently from the overall score.