

BLEEDING HISTORY QUESTIONNAIRE



CHECK the appropriate YES or NO box

A. PERSONAL HISTORY:

1. Has your child ever had surgery, stitches for trauma or a broken bone? Y N
 - If YES, did your child experience bleeding during or after the procedure? Y N
 - What was the procedure? _____
2. Does your child bruise easily compared to normal? Y N
3. If a boy, did your child bleed after circumcision? Y N
4. Did he/she bleed after the umbilical cord came off? Y N
5. Has your child had frequent nosebleeds? Y N
6. Has your child bled after tooth extractions, wisdom tooth surgery or with the loss of baby teeth? Y N
7. Is your child taking any of the following:
 - Aspirin Y N
 - ibuprofen products Y N
 - antihistamines Y N
8. Is there any history of heavy menstrual periods? Y N

B. FAMILY HISTORY

1. Are there women in your family (mother, aunt, sister, grandmother) who have had monthly periods requiring either iron therapy or transfusions? Y N
2. Is there anyone in the family with a history of frequent nosebleeds judged to be severe or requiring a blood transfusion? Y N
3. Is there anyone in your family who bled after tooth extractions, wisdom tooth surgery or loss of baby teeth? Y N
4. Has anyone in the family required a blood transfusion? Y N
 - Who? _____
 - Reason for transfusion? _____
5. Has anyone in the family been called a free bleeder? Y N
 - Who? _____
6. Has anyone in your family ever bled after tonsil surgery, childbirth, or other operations? Y N
7. Is there anyone in the family with hemophilia, Von Willebrand disease, low platelets or ITP (Idiopathic thrombocytopenia purpura)? Y N
 - Who? _____
 - Diagnosis? _____