Starship Paediatric Bleeding Questionnaire

Patient Information

[Place patient sticker here]

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 [ ]

If Yes, which diagnosis?

[ ]

Family history of bleeding? (at least one family member)

Yes [ ]  No [ ]

If Yes, what was the diagnosis? [ ]

[Draw Pedigree here]

Are you currently taking oral contraceptive pills?

Yes [ ]  No [ ]

If so, which brand?
Are you pregnant?
Yes ☐ No ☐

If yes, gestation?

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nosebleeds?
Yes ☐ No ☐

Number of episodes per year (circle) <1 1-5 6-12 >12
Duration of average episode (circle) <1 minute 1 – 10 minutes >10 minutes
Medical attention?
Yes ☐ No ☐

If Yes: Consultation only Cauterization/Packing Antifibrinolytic DDAVP Blood transfusion/replacement

Bruising?
Yes ☐ No ☐

Location (circle) Exposed sites Unexposed sites
Size of average (circle) <1 cm 1-5cm > 5cm
Minimal or no trauma?
Yes ☐ No ☐
Medical attention?
Yes ☐ No ☐

If Yes please specify
**Bleeding from minor wounds?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Number per year (circle)**

| <1 | 1-5 | >6 |

**Duration of average episode (circle)**

| <5 minutes | > 5 minutes |

**Medical attention?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If Yes:  
- Consultation only
- Surgical haemostasis
- Blood transfusion/DDAVP/replacement

**Oral Cavity Bleeding?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If Yes:  
- Tooth eruption
- Gums, spontaneous
- Gums, after brushing
- Bites to lip and tongue

**Medical attention?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If Yes:  
- Consultation only
- Surgical haemostasis
- Blood transfusion/DDAVP/replacement

**Post Dental Extraction?**

| No bleeding in at least 2 extractions |
| None done or bleeding in 1 extraction |

**Medical attention?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If Yes:  
- Consultation only
- Surgical haemostasis
- Blood transfusion/DDAVP/replacement
Gastrointestinal Bleeding?

Yes ☐ No ☐

If Yes: ☐ Ulcer, portal hypertension, haemorrhoids
☐ Spontaneous
☐ Surgery/Blood transfusion/DDAVP/Antifibrinolytic

Surgery?

Yes ☐ No ☐

If Yes: ☐ No bleeding in at least 2 surgeries
☐ None done, or no bleeding in 1 surgery

Post-op medical attention?

Yes ☐ No ☐

If Yes: ☐ Consultation only
☐ Surgical haemostasis
☐ Blood transfusion/DDAVP/replacement

Menorrhagia?

Yes ☐ No ☐

Duration of average period _______ days
Duration of heavy menstruation _______ days
How often you do change your pads/tampons? On heaviest days _____ hours On average days _____ hours

Medical attention?

Yes ☐ No ☐

If Yes: ☐ Consultation only
☐ Pill use/antifibrinolytic
☐ Dilatation and Curettage
☐ Iron therapy
☐ Blood transfusion/DDAVP/replacement
☐ Hysterectomy
Post-Partum Haemorrhage?

Yes [ ] No [ ]

If Yes: [ ] No bleeding in at least 2 deliveries
[ ] No deliveries, or no bleeding in 1 delivery

Medical attention?

Yes [ ] No [ ]

If Yes: [ ] Consultation only
[ ] D&C/Iron therapy/Antifibrinolytic
[ ] Blood transfusion/DDAVP/replacement
[ ] Hysterectomy

Muscle Haematomas?

Yes [ ] No [ ]

If Yes: [ ] Post trauma, no therapy
[ ] Spontaneous, no therapy
[ ] Spontaneous or traumatic with DDAVP/replacement
[ ] Spontaneous or traumatic requiring surgery or transfusion

Haemarthrosis?

Yes [ ] No [ ]

If Yes: [ ] Post trauma, no therapy
[ ] Spontaneous, no therapy
[ ] Spontaneous or traumatic with DDAVP/replacement
[ ] Spontaneous or traumatic requiring surgery or transfusion
Central Nervous System Bleeding?
Yes [ ]  No [ ]

If Yes:  [ ] Subdural, any intervention  
[ ] Intracerebral, any intervention

Other bleed?
Yes [ ]  No [ ]

If Yes, specify site:  [ ] Umbilical stump  
[ ] Cephalohaematoma  
[ ] Bleeding at circumcision  
[ ] Venepuncture bleeding  
[ ] Suction bleeding  
[ ] Macroscopic haematuria

Medical attention?
Yes [ ]  No [ ]

If Yes:  [ ] Consultation only  
[ ] Surgical haemostasis  
[ ] Blood transfusion/DDAVP/replacement
### Starship Paediatric Bleeding Questionnaire Scoring Key

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epistaxis</strong></td>
<td>-1 No or trivial (&lt;5) 1 &gt;5 or more than 10 mins 2 Consultation only 3 Packing or cautery or antifibrinolytic 4 Blood transfusion or DDAVP or replacement therapy</td>
</tr>
<tr>
<td><strong>Cutaneous</strong></td>
<td>No or trivial (&lt;1cm) 1 &gt;1cm and no trauma 2 Consultation only</td>
</tr>
<tr>
<td><strong>Bleeding from Minor Wounds</strong></td>
<td>No or trivial (&lt;5) 1 &gt;5 or more than 5 mins 2 Consultation only 3 Surgical haemostasis 4 Blood transfusion or DDAVP or replacement therapy</td>
</tr>
<tr>
<td><strong>Oral Cavity</strong></td>
<td>No 1 Referred at least once 2 Consultation only 3 Surgical haemostasis or antifibrinolytic 4 Blood transfusion or DDAVP or replacement therapy</td>
</tr>
<tr>
<td><strong>Tooth Extraction</strong></td>
<td>No bleeding in at least 2 extractions 1 None done or no bleeding in 1 extraction 2 Reported, no consultation 3 Consultation only 4 Resuturing or packing</td>
</tr>
<tr>
<td><strong>Gl Bleeding</strong></td>
<td>No 1 Associated with ulcer, portal hypertension, haemorrhoids, angiodysplasia 2 Spontaneous 3 Surgical haemostasis, blood transfusion, replacement therapy, DDAVP, antifibrinolytic 4 Blood transfusion or DDAVP or replacement therapy</td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td>No bleeding in at least 2 surgeries 1 Non done or no bleeding in 1 surgery 2 Reported, no consultation 3 Consultation only 4 Surgical haemostasis or antifibrinolytic 5 Blood transfusion or DDAVP or replacement therapy</td>
</tr>
<tr>
<td><strong>Menorrhagia</strong></td>
<td>No 1 Consultation only 2 Antifibrinolytics, pill use 3 D&amp;C, iron therapy, ablation 4 Blood transfusion or DDAVP or replacement therapy or hysterectomy</td>
</tr>
<tr>
<td><strong>Post-Partum Haemorrhage</strong></td>
<td>No bleeding in at least 2 deliveries 1 None or no bleeding after 1 baby 2 Consultation only 3 D&amp;C, iron therapy, antifibrinolytics 4 Blood transfusion or DDAVP or replacement therapy 5 Hysterectomy</td>
</tr>
<tr>
<td><strong>Muscle Haematomas</strong></td>
<td>Never 1 Post trauma, no therapy 2 Spontaneous, no therapy 3 Spontaneous or traumatic requiring DDAVP or replacement therapy 4 Spontaneous or traumatic requiring surgical intervention or blood transfusion</td>
</tr>
<tr>
<td><strong>Haemarthrosis</strong></td>
<td>Never 1 Post trauma, no therapy 2 Spontaneous, no therapy 3 Spontaneous or traumatic requiring DDAVP or replacement therapy 4 Spontaneous or traumatic requiring surgical intervention or blood transfusion</td>
</tr>
<tr>
<td><strong>CNS Bleeding</strong></td>
<td>Never 1 Subdural, any intervention 2 Intracerebral, any intervention</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>No 1 Reported 2 Consultation only 3 Surgical haemostasis, antifibrinolytic or iron therapy 4 Blood transfusion, replacement therapy or desmopressin</td>
</tr>
</tbody>
</table>
For Von Willebrand Disease and a Score > 2

Sensitivity = 84%
Specificity = 75%
Positive Predictive Value 0.15
Negative Predictive Value 0.99

A bleeding score of ≥ 2 has a likelihood ratio of 3.5 (2.1 – 5.4)

From:
Bowman M; Riddel, J; Rand, ML; Tosetto, A; Silva, M; and James, PD. Evaluation of the diagnostic utility for von Willebrand disease of a paediatric bleeding questionnaire. J Thromb Haemost 2009; 7: 1418-21