CONDENSED MCMDDM-1 BLEEDING QUESTIONNAIRE:

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: ______________________________________________

Family history of bleeding (at least one family member) Yes □ No □

If yes, what was the diagnosis? __________________________________

Pedigree:

Are you currently taking Oral Contraceptive Pills? Yes □ No □

If yes, brand name ________________________________

Are you pregnant? ___________ Gestation time ___________

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>
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<tr>
<td><strong>Nosebleeds</strong></td>
<td><strong>Yes □</strong></td>
<td><strong>No □</strong></td>
<td></td>
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<tr>
<td><strong>Number of episodes/year</strong></td>
<td>□ &lt; 1</td>
<td>□ 6 - 12</td>
<td></td>
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<td></td>
<td>□ 1 – 5</td>
<td>□ &gt; 12</td>
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<tr>
<td><strong>Duration of average episode</strong></td>
<td>□ &lt; 1 minute</td>
<td></td>
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<tr>
<td></td>
<td>□ 1 – 10 minutes</td>
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<td></td>
<td>□ &gt; 10 minutes</td>
<td></td>
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<tr>
<td><strong>Medical attention</strong></td>
<td>□ Yes</td>
<td>□ No</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>□ Consultation only</td>
<td></td>
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<td></td>
<td>□ Cauterization/packing</td>
<td></td>
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<tr>
<td></td>
<td>□ Antifibrinolytics</td>
<td></td>
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<tr>
<td></td>
<td>□ DDAVP</td>
<td></td>
<td></td>
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<td></td>
<td>□ Transfusion/Replacement</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bruising</strong></th>
<th><strong>Yes □</strong></th>
<th><strong>No □</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>□ Exposed sites</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Unexposed sites</td>
<td></td>
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<tr>
<td><strong>Size of average</strong></td>
<td>□ &lt; 1 cm</td>
<td></td>
</tr>
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<td></td>
<td>□ 1 – 5 cm</td>
<td></td>
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<tr>
<td></td>
<td>□ &gt; 5 cm</td>
<td></td>
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<tr>
<td><strong>Minimal or no trauma</strong></td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Medical attention</strong></td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>If yes, please specify</strong></td>
<td>________________________________</td>
<td></td>
</tr>
</tbody>
</table>
Bleeding from minor wounds

Yes ☐  No ☐

Number per year
☐  < 1
☐  1 – 5
☐  6 or more

Duration of average episode
☐  < 5 minutes
☐  > 5 minutes

Medical attention
☐ Yes ☐ No
☐ Consultation only
☐ Surgical hemostasis
☐ Blood transfusion/DDAVP/Replacement

Oral cavity bleeding

Yes ☐  No ☐

☐ Tooth eruption
☐ Gums, spontaneous
☐ Gums, after brushing
☐ Bites to lip and tongue

Medical attention
☐ Yes ☐ No
☐ Consultation only
☐ Surgical hemostasis/Antifibrinolytic
☐ Blood transfusion/DDAVP/Replacement
Post-dental extraction

Yes ☐  No ☐

☐ No bleeding in at least 2 extractions
☐ None done, or no bleeding in 1 extraction

Medical attention ☐ Yes  ☐ No

☐ Consultation only
☐ Resuturing or packing
☐ Blood transfusion/DDAVP/Replacement

Gastrointestinal Bleeding

☐ Yes  ☐ No

☐ Ulcer, portal hypertension, hemorrhoids
☐ Spontaneous
☐ Surgery/Blood transfusion/DDAVP/Antifibrinolytic

Surgery

Yes ☐  No ☐

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

Post-op medical attention ☐ Yes  ☐ No

☐ Consultation only
☐ Surgical hemostasis/Antifibrinolytic
☐ Blood transfusion/DDAVP/Replacement
Menorrhagia

Yes □ No □

Duration of average menstruation _____ days
Duration of heavy menstruation _____ days
How often do you change your pads/tampons
  on heaviest days _____ hours
  on average days _____ hours
What type of feminine product do you use? (i.e. panty liner, super absorbency tampon etc.)
______________________________________________

Medical attention □ Yes □ No
□ Consultation only
□ Pill use/Antifibrinolytics
□ Dilatation & curettage
□ Iron therapy
□ Blood transfusion/DDAVP/Replacement
□ Hysterectomy

Post-partum hemorrhage

Yes □ No □
□ No bleeding in at least 2 deliveries
□ No deliveries, or no bleeding in 1 delivery

Medical attention □ Yes □ No
□ Consultation only
□ D&C/Iron therapy/Antifibrinolytics
□ Blood transfusion/DDAVP/Replacement
□ Hysterectomy
Muscle hematomas

Yes □ No □

Post-trauma, no therapy
Spontaneous, no therapy
Spontaneous or traumatic requiring DDAVP or Replacement
Spontaneous or traumatic requiring surgical Intervention or transfusion

Hemarthrosis

Yes □ No □

Post-trauma, no therapy
Spontaneous, no therapy
Spontaneous or traumatic requiring DDAVP or Replacement
Spontaneous or traumatic requiring surgical Intervention or transfusion

Central Nervous System Bleeding

Yes □ No □

Subdural, any intervention
Intracerebral, any intervention

Other

_____________________________________________

Medical attention

Yes □ No □

Consultation only
Surgical hemostasis/Antifibrinolytic
Blood transfusion/DDAVP/Replacement
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epistaxis</td>
<td>-1</td>
<td>No or trivial (less than 5)</td>
<td>&gt; 5 or more than 10'</td>
<td>Consultation only</td>
<td>Packing or cauteration or antifibrinolytic</td>
<td>Blood transfusion or replacement therapy or desmopressin</td>
</tr>
<tr>
<td>Cutaneous</td>
<td>-1</td>
<td>No or trivial (&lt; 1 cm)</td>
<td>&gt; 1 cm and no trauma</td>
<td>Consultation only</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Bleeding from minor wounds</td>
<td>-1</td>
<td>No or trivial (less than 5)</td>
<td>&gt; 5 or more than 5'</td>
<td>Consultation only</td>
<td>Surgical hemostasis</td>
<td>Blood transfusion or replacement therapy or desmopressin</td>
</tr>
<tr>
<td>Oral cavity</td>
<td>-1</td>
<td>No</td>
<td>Referred at least one</td>
<td>Consultation only</td>
<td>Surgical hemostasis or antifibrinolytic</td>
<td>--</td>
</tr>
<tr>
<td>Gastrointestinal bleeding</td>
<td>-1</td>
<td>No</td>
<td>Associated with ulcer, portal hypertension, hemorrhoids, angiodysplasia</td>
<td>Spontaneous</td>
<td>Surgical hemostasis, blood transfusion, replacement therapy, desmopressin, antifibrinolytic</td>
<td>--</td>
</tr>
<tr>
<td>Tooth extraction</td>
<td></td>
<td>None done or no bleeding in 2 extractions</td>
<td>Report, no consultation</td>
<td>Consultation only</td>
<td>Resuturing or packing</td>
<td>Blood transfusion or replacement therapy or desmopressin</td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td>None done or no bleeding in 1 surgery</td>
<td>Report, no consultation</td>
<td>Consultation only</td>
<td>Surgical hemostasis or antifibrinolytic</td>
<td>Blood transfusion or replacement therapy or desmopressin</td>
</tr>
<tr>
<td>Menorrhagia</td>
<td>-1</td>
<td>No</td>
<td>Consultation only</td>
<td>Antifibrinolitics, pill use</td>
<td>--</td>
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</tr>
<tr>
<td>Postpartum hemorrhage</td>
<td></td>
<td>None done or no bleeding in 2 deliveries</td>
<td>Consultation only</td>
<td>Dilatation &amp; curettage, iron therapy, antifibrinolitics</td>
<td>Blood transfusion or replacement therapy or desmopressin</td>
<td>Blood transfusion or replacement therapy or desmopressin</td>
</tr>
<tr>
<td>Muscle hematomas</td>
<td>-1</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>
<tr>
<td>Hemarthrosis</td>
<td>-1</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>
<tr>
<td>Central nervous system bleeding</td>
<td>-1</td>
<td>Never</td>
<td>--</td>
<td>--</td>
<td>Subdural, any intervention</td>
<td>Intracerebral, any intervention</td>
</tr>
</tbody>
</table>

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Scoring Key: A **few small changes** in wording from the original MCMMDM-1 scoring key are indicated by the boxes. For tooth extraction and surgery a score of 1 was previously for “Referred in <25% of cases” and a score of 2 was previously for “Referred in >25% of cases”. For the menorrhagia category we added ablation therapy (which was not included in the original) at the same level as D&C and iron therapy.