SickKids

Pediatric Bleeding Questionnaire (PBQ)

Queen's University

Date ____________________ Patient Number ____________________

Patient Name ________________________________

Gender Male ☐ Female ☐

Age _____________ DOB (dd/mm/yy) _____________

Ethnic Background of: Father ____________________ Mother ____________________

Presenting complaint of bleeding or bruising today? Yes ☐ No ☐

Ever been diagnosed with a bleeding disorder? Yes ☐ Diagnosis: _____________

No ☐

Total # of 1st degree family members ☐☐ # of 1st degree family members studied ☐☐

# of diagnosed 1st degree family members ☐☐ Notes:

ABO Blood Group A ☐ B ☐ AB ☐ O ☐ Rh - ☐ Rh + ☐

Present questionnaire completed by Father ☐ Mother ☐ Patient ☐

Menarche N/A ☐ Yes ☐ Age of menarche: _____________

No ☐

Are you currently taking oral contraceptive pills? Yes ☐ Brand Name: _____________

No ☐

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

Name	Dose	Route	Frequency	Duration

Past Medical History: ____

Pediatric Bleeding Questionnaire (PBQ)

Bleeding symptoms

Epistaxis No ☐ If Yes, Trivial ☐ Significant ☐

Significant: Any nosebleed lasting for longer than 10 minutes OR requiring medical attention OR occurring frequently (greater than 5 times per year).

AVERAGE PRESENTATION

Age of maximum severity	☐ 0 - 4 years ☐ 4 - 8 years ☐ 8 - 12 years ☐ 12 - 16 years ☐ 16 - 20 years	
Number episodes/year	☐ < 1 ☐ 1 - 5 ☐ 6 - 12 ☐ > 12	
Duration of average single episode	☐ < 1 minute ☐ 1-10 minutes ☐ > 10 minutes	
Spontaneous?	Yes ☐	No ☐
Both nostrils?	Yes ☐	No ☐
After drug ingestion (e.g. aspirin)	Yes ☐	No ☐
Seasonal correlation	Yes ☐ Specify:	No ☐
Cessation	☐ spontaneous ☐ after compression ☐ by medical intervention	

REPORT TREATMENT OF THE MOST SEVERE EPISODE

Required medical attention?	Yes ☐	No ☐
If yes, please specify:		
Consultation only	☐	
Packing	☐ # of times	
Cauterization	☐ # of times	
Antifibrinolytics	☐ # of times	
Desmopressin	☐ # of times	
Replacement therapy	☐ # of times	
Blood transfusion	☐ # of times	

Notes

Pediatric Bleeding Questionnaire (PBQ)

Cutaneous symptoms No ☐ If Yes, Trivial ☐ Significant ☐

Significant: Spontaneous bruises larger than 1 cm in diameter (the size of a pea) OR considered disproportionate to trauma by the investigator. All petechiae are considered to be significant.

AVERAGE PRESENTATION

Type
- ☐ Petechiae
- ☐ Bruises
- ☐ Hematomas

Location of lesions (if any)
- ☐ Exposed sites
- ☐ Unexposed sites
- ☐ Both

Size of average
- ☐ < 1 cm
- ☐ 1 – 5 cm
- ☐ > 5 cm

Minimal or no trauma — Yes ☐ No ☐

REPORT TREATMENT OF THE MOST SEVERE EPISODE

Required medical attention? — Yes ☐ No ☐

If yes, please specify:

Consultation only ☐

Notes

Bleeding from minor wounds No ☐ If Yes, Trivial ☐ Significant ☐

Significant: Prolonged bleeding, lasting longer than 5 minutes, caused by a superficial cut.

AVERAGE PRESENTATION

Number episodes/year
- ☐ < 1
- ☐ 1 - 5
- ☐ 6 - 12
- ☐ > 12

Duration of average single episode
- ☐ ≤ 5 mins.
- ☐ > 5 mins.

REPORT TREATMENT OF THE MOST SEVERE EPISODE

Required medical attention? — Yes ☐ No ☐

If yes, please specify:

Consultation or Steri-strips	☐	# of times
Surgical hemostasis	☐	# of times
Antifibrinolytics	☐	# of times
Desmopressin	☐	# of times
Replacement therapy	☐	# of times
Blood transfusion	☐	# of times

Notes

Pediatric Bleeding Questionnaire (PBQ)

Oral cavity bleeding No ☐ If Yes, Trivial ☐ Significant ☐

Significant: Either spontaneous gum bleeding lasting for longer than a minute OR bites to lips/cheeks/tongue lasting longer than 5 minutes OR bleeding at tooth eruption requiring assistance by a physician.

AVERAGE PRESENTATION

Type of bleeding
- ☐ Tooth eruption/loss
- ☐ Gums, spontaneous
- ☐ Gums, after brushing
- ☐ Prolonged bleeding after bites to lip & tongue
- ☐ Hemorrhagic bullae

REPORT TREATMENT OF THE MOST SEVERE EPISODE

Required medical attention? Yes ☐ No ☐

If yes, please specify:

Consultation only	☐	
Surgical hemostasis	☐	# of times
Antifibrinolytics	☐	# of times
Desmopressin	☐	# of times
Replacement therapy	☐	# of times
Blood transfusion	☐	# of times

Notes

Tooth extraction No ☐ If Yes, Trivial ☐ Significant ☐

Significant: Any bleeding occurring after leaving the dentist's office or prolonged bleeding causing a delay in discharge from the dentist's office.

Total # of teeth extracted ☐☐ # of teeth extracted followed by bleeding ☐☐

MOST SEVERE OCCURRENCE

Age at extraction ☐☐ Type of extraction ☐ Deciduous ☐ Permanent

Prophylaxis before extraction?
- ☐ None
- ☐ Antifibrinolytics
- ☐ Desmopressin
- ☐ Replacement therapy

Bleeding after extraction? Yes ☐ No ☐

Actions taken to control bleeding
- ☐ None
- ☐ Consultation only
- ☐ Resuturing
- ☐ Packing
- ☐ Antifibrinolytics
- ☐ Desmopressin
- ☐ Replacement therapy
- ☐ Blood transfusion

Notes

Pediatric Bleeding Questionnaire (PBQ)

Gastrointestinal bleeding No ☐ Yes ☐ (N.B.: All GI bleeding is considered to be significant.)

AVERAGE PRESENTATION

# of episodes	☐☐	
Type of bleeding	☐ Hematemesis ☐ Melena ☐ Hematochezia	
Presence of associated GI disease	Yes ☐ ☐ Gastritis/ulcer ☐ Colitis ☐ Mallory-Weiss tear ☐ Vascular malformations ☐ Other	No ☐

REPORT TREATMENT OF THE MOST SEVERE EPISODE

Required medical attention?	Yes ☐	No ☐
If yes, please specify:		
Consultation only	☐	
Surgical hemostasis	☐ # of times	
Antifibrinolytics	☐ # of times	
Desmopressin	☐ # of times	
Replacement therapy	☐ # of times	
Blood transfusion	☐ # of times	
Notes		

Pediatric Bleeding Questionnaire (PBQ)

Surgery	No ☐	If Yes,	Trivial ☐	Significant ☐ Significant: Any bleeding stated as abnormally prolonged by the surgeon OR causing a delay in discharge OR requiring some supportive treatment.

Total # of surgeries ☐☐

Specify

# of surgeries followed by bleeding ☐☐

MOST SEVERE OCCURRENCE

Age at surgery ☐☐

Type of surgery

Specify

Prophylaxis before surgery?

☐ None
☐ Antifibrinolytics
☐ Desmopressin
☐ Replacement therapy

Bleeding after surgery? Yes ☐ No ☐

Actions taken to control bleeding

☐ None
☐ Consultation only
☐ Resuturing/surgical
☐ Antifibrinolytics
☐ Desmopressin
☐ Replacement therapy
☐ Blood transfusion

Notes

Pediatric Bleeding Questionnaire (PBQ)

Menorrhagia	N/A ☐	No ☐	Yes ☐

Duration of average menstruation (days)	☐☐	Duration of heavy (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.)

Comments

MOST SEVERE PRESENTATION		
Age of maximum severity	☐ 8-12 ☐ 13-16 ☐ 17-20 ☐ >20 yrs	
Required medical attention?	Yes ☐	No ☐
If yes, please specify:		
Consultation only	☐	
Pill use	☐	
Antifibrinolytics	☐	
Dilatation & curettage	☐ # of times	
Iron therapy	☐	
Desmopressin	☐	
Replacement therapy	☐	
Blood transfusion	☐ # of times	
Hysterectomy	☐	
Notes		

Pediatric Bleeding Questionnaire (PBQ)

Post-partum hemorrhage	No ☐ N/A ☐	If Yes,	Trivial ☐	Significant ☐ Significant: Any bleeding stated as abnormally prolonged by the obstetrician OR causing a delay in discharge OR requiring some supportive treatment.

Total # of deliveries ☐☐ # of deliveries followed by bleeding ☐☐

MOST SEVERE OCCURRENCE

Age at delivery ☐☐

Mode of delivery
- ☐ spontaneous
- ☐ assisted
- ☐ c-section

Prophylaxis before delivery
- ☐ None
- ☐ Antifibrinolytics
- ☐ Desmopressin
- ☐ Replacement therapy

Bleeding after delivery? Yes ☐ No ☐

Actions taken to control bleeding
- ☐ None
- ☐ Consultation only
- ☐ Resuturing/surgical
- ☐ Antifibrinolytics
- ☐ Desmopressin
- ☐ Replacement therapy
- ☐ Blood transfusion
- ☐ Hysterectomy

Notes

Pediatric Bleeding Questionnaire (PBQ)

Muscle hematomas No ☐ Yes ☐ (N.B.: All muscle hematomas are considered to be significant.)

Total # ☐☐

MOST SEVERE PRESENTATION		
Please specify type & location		
Post-trauma?	Yes ☐	No ☐
Prophylaxis?	☐ None ☐ Antifibrinolytics ☐ Desmopressin ☐ Replacement therapy	
Required medical attention?	Yes ☐	No ☐
If yes, please specify:		
Surgical intervention	☐	
Desmopressin	☐	
Replacement therapy	☐	
Blood transfusion	☐	
Notes		

Pediatric Bleeding Questionnaire (PBQ)

Hemarthrosis	No ☐	Yes ☐ (N.B.: All episodes of hemarthrosis are considered to be significant.)

Total # ☐☐

MOST SEVERE PRESENTATION		
Please specify type & location		
Post-trauma?	Yes ☐	No ☐
Prophylaxis?	☐ None ☐ Antifibrinolytics ☐ Desmopressin ☐ Replacement therapy	
Required medical attention?	Yes ☐	No ☐
If yes, please specify:		
Surgical intervention	☐	
Desmopressin	☐	
Replacement therapy	☐	
Blood transfusion	☐	
Notes		

CNS bleeding	No ☐	Yes ☐ (N.B.: All episodes of CNS bleeding are considered to be significant.)	
If yes, type of bleeding			
Subdural, any intervention	☐	Intracerebral, any intervention	☐

Pediatric Bleeding Questionnaire (PBQ)

Other bleeding No ☐ Yes ☐ (N.B.: All episodes of any of these bleeding symptoms are considered to be significant.)

If yes, type of bleeding

Umbilical stump	☐	Cephalohematoma	☐
Bleeding at circumcision Male, not circumcised ☐ Male, circumcised ☐ Female ☐	☐	Venipuncture bleeding	☐
Conjunctival hemorrage	☐	Hematuria, macroscopic	☐

MOST SEVERE PRESENTATION

Please specify type

Required medical attention? Yes ☐ No ☐

If yes, please specify:

Consultation only	☐	
Iron therapy	☐	# of times
Surgical hemostasis	☐	# of times
Antifibrinolytics	☐	# of times
Desmopressin	☐	# of times
Replacement therapy	☐	# of times
Blood transfusion	☐	# of times

Notes

Pediatric Bleeding Questionnaire (PBQ)

Other bleeding (continued)

MOST SEVERE PRESENTATION

Please specify type

Required medical attention?	Yes ☐	No ☐
If yes, please specify:		
Consultation only	☐	
Iron therapy	☐ # of times	
Surgical hemostasis	☐ # of times	
Antifibrinolytics	☐ # of times	
Desmopressin	☐ # of times	
Replacement therapy	☐ # of times	
Blood transfusion	☐ # of times	

Notes

MOST SEVERE PRESENTATION

Please specify type

Required medical attention?	Yes ☐	No ☐
If yes, please specify:		
Consultation only	☐	
Iron therapy	☐ # of times	
Surgical hemostasis	☐ # of times	
Antifibrinolytics	☐ # of times	
Desmopressin	☐ # of times	
Replacement therapy	☐ # of times	
Blood transfusion	☐ # of times	

Notes

Pediatric Bleeding Questionnaire (PBQ)

Score Symptom	-1	0	1	2	3	4
Epistaxis	-	No or trivial (≤5 per year)	>5 per year OR >10 minutes duration	Consultation only	Packing, cauterization or antifibrinolytics	Blood transfusion, replacement therapy or desmopressin
Cutaneous	-	No or trivial (≤1cm)	>1cm AND no trauma	Consultation only	-	-
Minor wounds	-	No or trivial (≤5 per year)	>5 per year OR >5 minutes duration	Consultation only or Steri-strips	Surgical hemostasis or antifibrinolytics	Blood transfusion, replacement therapy or desmopressin
Oral cavity	-	No	Reported at least once	Consultation only	Surgical hemostasis or antifibrinolytics	Blood transfusion, replacement therapy or desmopressin
Gastrointestinal tract	-	No	Identified cause	Consultation or spontaneous	Surgical hemostasis, antifibrinolytics, blood transfusion, replacement therapy or desmopressin	-
Tooth extraction	No bleeding in at least 2 extractions	None done or no bleeding in 1 extraction	Reported, no consultation	Consultation only	Resuturing, repacking or antifibrinolytics	Blood transfusion, replacement therapy or desmopressin
Surgery	No bleeding in at least 2 surgeries	None done or no bleeding in 1	Reported, no consultation	Consultation only	Surgical hemostasis or antifibrinolytics	Blood transfusion, replacement therapy or desmopressin
Menorrhagia	-	No	Reported or consultation only	Antifibrinolytics or contraceptive pill use	D&C or iron therapy	Blood transfusion, replacement therapy, desmopressin or hysterectomy
Post-partum	No bleeding in at least 2 deliveries	No deliveries or no bleeding in 1 delivery	Reported or consultation only	D&C, iron therapy or antifibrinolytics	Blood transfusion, replacement therapy or desmopressin	-
Muscle hematoma	-	Never	Post-trauma, no therapy	Spontaneous, no therapy	Spontaneous or traumatic, requiring replacement therapy or desmopressin	Spontaneous or traumatic, requiring surgical intervention or blood transfusion
Hemarthrosis	-	Never	Post-trauma, no therapy	Spontaneous, no therapy	Spontaneous or traumatic, requiring replacement therapy or desmopressin	Spontaneous or traumatic, requiring surgical intervention or blood transfusion
Central nervous system	-	Never	-	-	Subdural, any intervention	Intracerebral, any intervention
Other Post-circumcision Umbilical stump Cephalohematoma Macroscopic hematuria Post-venepuncture Conjunctival hemorrage	-	No	Reported	Consultation only	Surgical hemostasis, antifibrinolytics or iron therapy	Blood transfusion, replacement therapy or desmopressin