



**CONDENSED MCMDM-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:

Name	Dose	Route	Frequency	Duration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Nosebleeds**

Yes

No

Number of episodes/year

< 1

6 - 12

1 - 5

> 12

Duration of average episode

< 1 minute

1 - 10 minutes

> 10 minutes

Medical attention

Yes

No

Consultation only

Cauterization/packing

Antifibrinolytics

DDAVP

Transfusion/Replacement

**Bruising**

Yes

No

Location

Exposed sites

Unexposed sites

Size of average

< 1 cm

1 - 5 cm

> 5 cm

Minimal or no trauma

Yes

No

Medical attention

Yes

No

If yes, please specify \_\_\_\_\_

**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.)

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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**

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**Medical attention**

Yes

No

- Consultation only
- Surgical hemostasis/Antifibrinolytic
- Blood transfusion/DDAVP/Replacement