

SELF ADMINISTERED BLEEDING TOOL (SELF-BAT)

START TIME: _____ END TIME: _____

- If answer [] **Yes** to ANY of the questions below, please complete those sections of the attached questionnaire.
- If answer [] **No** to ALL of the questions below, please complete section **14.0** of the attached questionnaire.

1.0	Have you ever had a nosebleed?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
2.0	Have you ever had a bruise?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
3.0	Have you ever had bleeding from a small cut, for example, from a paper cut or shaving?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
4.0	Have you ever seen blood in the urine? (If you are a female, this does NOT mean from a period.)	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
5.0	Have you ever had bleeding from the stomach or bowel?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
6.0	Have you ever had bleeding from the mouth? (This does NOT include tooth extraction at the dentist.)	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
7.0	Have you ever had a tooth pulled by the dentist?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
8.0	Have you ever had surgery?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No

If the research participant is a **MALE or a female that has **NEVER** had a period, please skip to **11.0** now*

9.0	Have you ever had a period?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
10.0	Have you ever had a baby or been pregnant?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No

11.0	Have you ever had bleeding into a muscle?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
12.0	Have you ever had bleeding into a joint?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
13.0	Have you ever had bleeding into the head (brain) or spine?	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No

Please complete section **14.0** of the attached questionnaire.

SELF-BLEEDING ASSESSMENT TOOL:

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: _____

Immediate or extended family history of bleeding? Yes No/ Unsure

Relation of family member with bleeding: _____

What was the diagnosis? _____

Please describe any other diagnosed medical conditions, past or present:

Are you currently on birth control? Yes No

If yes, please list the type and brand name (ex. IUD, Mirena):

Are you pregnant? _____ Gestation time _____

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

Name: Last time taken:

1. Have you ever experienced nosebleeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 2)
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1.1 Please check all of the reasons that have caused your nosebleeds.

- an injury
- picking your nose
- dry air
- a stuffy nose (cold, allergy)
- taking an aspirin
- no reason, my nosebleeds just start on their own

1.2 How long do your nosebleeds usually last? 10 minutes or less
 more than 10 minutes

1.3 How often do you have nosebleeds? 5 times per year or less
 more than 5 times per year

1.4 Have you ever talked to a doctor about your nosebleeds? Yes No (skip to 2)

1.5 Have you ever been given medical treatment for your nosebleeds? Yes No (skip to 2)

If yes, please check all of the treatments that you have had.

- my nose was cauterized or packed at least once
- I was on a medication (liquid or pills) at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a medication in a nose spray at least once
- I was given a blood transfusion at least once
- I was given a treatment, but don't know what it was

Comments:

2. Have you ever had unexplained bruises or bruises that are bruises that are larger than you think they should be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 3)
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2.1 Please check all the types of bruising you have had.

- petechiae, i.e. small (1-2 mm) red or purple spots on the skin
- a bruise
- a hematoma, i.e. a bruise that has a hard lump
- I don't know

2.2 How large are your bruises usually?

- the size of a pea or smaller
- between the size of a pea and an orange
- the size of an orange or larger

2.3 How often do you get bruises?

- 5 times per year or less
- more than 5 times per year

2.4 Where do you usually get bruises?

- on the arms and legs only
- on the chest, back and stomach only
- all over your body

If you get small red-purple spots (petechiae), where do you usually see them?

- on the legs only
- on your face only
- all over your body

2.5 Have you ever talked to a doctor about your bruising? Yes No (skip to 3)

2.6 Have you ever been given medical treatment for your bruising? Yes No (skip to 3)

If yes, please check all of the treatments that you have had.

- I was treated with medications at least once
- I was given a blood transfusion at least once
- I was given a treatment but don't know what it was

3. Have you ever had bleeding from a small cut?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 4)
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3.1 How long do you usually bleed after a small cut? 10 minutes or less
 more than 10 minutes

3.2 How often do you have bleeding from a small cut? 5 times per year or less
 more than 5 times per year

3.3 Have you ever talked to a doctor about bleeding from a small cut? Yes No (skip to 4)

3.4 Have you ever been given medical treatment for a small cut? Yes No (skip to 4)

If yes, please check all of the treatments that you have had.

- I had stitches at least once
- I was given a medication intravenously (IV) or with a needle under the skin at least once
- I was given medication orally at least once
- I was given a blood transfusion at least once
- I was given a treatment, but don't know what it was

4. Have you ever seen blood in your urine? (If you are a female, this does NOT include when you have had your period.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 5)
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4.1 Please check all of the causes of blood in the urine that you have had.

- kidney stones
- infection
- another kidney or bladder disease
- no reason that I know

4.2 Have you ever talked to a doctor about unexplained blood in your urine? Yes No (skip to 5)

4.3 Have you ever been given medical treatment for unexplained blood in your urine? Yes No (skip to 5)

If yes, please check all of the treatments that you have had.

- I had surgery at least once to stop the bleeding
- I was on treatment with iron at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I was given antibiotics at least once
- I was given a treatment but don't know what it was

5. Have you ever had bleeding inside your intestines, stomach or bowel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 6)
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5.1 Have you ever:

- vomited red blood, or what looked like coffee grounds
- passed black, tarry stools while you were not taking iron supplements
- passed red blood in or with your stools

5.2 Please check all of the causes of this bleeding that you have had

- an ulcer
- liver disease
- abnormal and fragile blood vessels in the bowel (angiodysplasia)
- hemorrhoids, 'piles' or anal fissures
- another identifiable cause
- for no reason

5.3 Have you ever talked to a doctor about unexplained bleeding from your stomach or bowel? Yes No (skip to 6)

5.4 Have you ever been given medical treatment for unexplained bleeding from you stomach or bowel? Yes No (skip to 6)

If yes, please check all of the treatments that you have had.

- I had surgery to stop the bleeding at least once
- I was on a medication (liquid or pills) at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I was given a treatment but don't know what it was

6. Have you ever noticed bleeding from the mouth? (This does NOT include tooth extraction at the dentist.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 7)
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6.1 Please check all of the causes of bleeding from the mouth that you had.

- new teeth coming in or tooth loss
- brushing/flossing
- bite on lip, tongue or cheek
- cleaning at the dentist's
- another cause

Please specify:

6.2 How long does this bleeding usually last? 10 minutes or less
 more than 10 minutes

6.3 Have you ever talked to a doctor or dentist about bleeding from the mouth? Yes No (skip to 7)

6.4 Have you ever been given medical treatment for bleeding from the mouth? Yes No (skip to 7)

If yes, please check all of the treatments that you have had.

- I had dental packing, cauterization or had stitches to stop the bleeding at least once
- I was on a medication (liquid or pills) at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I was given a treatment but don't know what it was

7. Have you ever had a tooth/teeth taken out at the dentist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 8)
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7.1 Please check what kind of tooth was taken out and note how many of each

- baby tooth _____
- adult tooth _____
- wisdom tooth _____

7.2 Did you experience any abnormal bleeding after any of these extractions? Yes No (skip to 8)

7.3 Have you ever talked to a doctor or dentist about this bleeding? Yes No (skip to 8)

7.4 Have you ever been given medical treatment for bleeding after a tooth was taken out? Yes No (skip to 8)

If yes, please check all of the treatments that you have had.

- I had dental packing or had stitches to stop the bleeding, at least once
- I was on a medication (liquid or pills) at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I was given a treatment but don't know what it was

8. Have you ever had surgery or a major trauma (e.g. car accident)?	[] Yes	[] No (skip to 9)
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- 8.1 Please check what kind of surgery/trauma you had
- tonsils/adenoids taken out []
 - other surgery of the nose or throat []
 - surgery of the chest []
 - surgery of the womb or ovaries, including caesarian section, removal of the womb []
 - other surgery of the stomach or belly []
 - other surgeries []
 - trauma []

Please specify: _____

Please specify: _____

8.2 Did you experience any abnormal bleeding during or after any of these surgeries? [] Yes [] No (skip to 9)

8.3 Have you ever talked to a doctor about the bleeding during or after you had surgery? [] Yes [] No (skip to 9)

8.4 Have you ever been given medical treatment for bleeding during or after surgery? [] Yes [] No (skip to 9)

If yes, please check all of the treatments that you have had.

- I had packing or stitches to stop the bleeding, at least once []
- I was on a medication (liquid or pills) at least once []
- I was given a medication intravenously (IV), with a needle under the skin, at least once []
- I was given a blood transfusion at least once []
- I was given a treatment but don't know what it was []

If you are a male, please skip to 11 now.

9. Have you ever had a period? [] Yes [] No (skip to 10)

Are you:

Pre-menopausal Post-menopausal

*If you are post-menopausal, please answer the following questions to the best of your ability

9.1 Were/are your periods regular? [] Yes [] No

Please check all that applies to the heaviest period you ever had:

- I had to change my pad/tampon more often than every 2 hours []
- the period lasted for more than 7 days []
- I passed clots and had flooding []
- Spotting mid-cycle []

9.2 Have you stayed at home from work/school more than twice a year because of heavy bleeding? [] Yes [] No

9.3 Have your periods been heavy from the get-go? [] Yes [] No

9.4 How long have you had a problem with heavy periods? [] 1 year or less [] more than 1 year

9.5 Have you ever talked to a doctor about your heavy periods? [] Yes [] No

9.7 Have you ever been given medical treatment for heavy periods? [] Yes [] No (skip to 10)

If yes, please check all of the treatments that you have had.

- I was on iron or on other medications (liquid or pills) at least once
- I was given the birth control pill because of heavy periods
- I was given the birth control pill as well as on other pills
- I had surgery to stop the bleeding at least once (e.g. removal of the womb, burning (ablation) or scraping (curettage) of the lining of the womb)
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I was admitted to hospital at least once
- I was given a treatment but don't know what it was
- I was given medication for pain associated with cramping

Comments: _____

10. Have you ever been pregnant?	[] Yes	[] No (skip to 11)
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10.1 Have you ever been pregnant but not carried the baby to term? [] Yes [] No (skip to 10.5)

If so, how many times? _____

10.2 Was it associated with excessive bleeding? [] Yes [] No

10.3 Did you seek medical attention? [] Yes [] No

If yes, please check all of the treatments you have had:

- I was given a medication intravenously (IV) to induce contraction of the womb at least once
- I was put on iron or other pills at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I had an examination and/or packing of the womb while I was put asleep at least once
- I had surgery (eg. removing the womb, tying off the bleeding vessels,) at least once
- I was in the intensive care unit (ICU) at least once
- I was given a treatment but don't know what it was
- Other or non-applicable

- 10.5 Have you ever given birth by vaginal delivery? (If no, skip to 11) Yes No (skip to 11)
- How many times? _____
- Did you experience problems with bleeding during the pregnancy or after the birth? (If no, skip to 11) Yes No
- 10.6 When did the problems with vaginal bleeding occur? within the first 24 hours after delivery
 between 24 hours and 6 weeks after delivery
 all of the above
- 10.8 How long did the vaginal discharge last? less than 6 weeks
 more than 6 weeks
- 10.9 Did you have to stay in the hospital longer because of this bleeding? Yes No
- 10.10 Have you ever talked to a doctor about this bleeding? Yes No (skip to 11)

10.7 Have you ever been given medical treatment for bleeding after having a baby? Yes No (skip to 11)

10.8 If yes, please check all of the treatments that you have had.

- I was given a medication intravenously (IV) to induce contraction of the womb at least once
- I was put on iron or other pills at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given a blood transfusion at least once
- I had an examination and/or packing of the womb while I was put asleep at least once
- I had surgery (eg. removing the womb, tying off the bleeding vessels,) at least once
- I was in the intensive care unit (ICU) at least once
- I was given a treatment but don't know what it was

11. Have you ever had bleeding into a muscle? (This would look like a bruise on the skin, but it would be hard and hurt a lot more.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 12)
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11.1 Was this bleeding caused by an injury? Yes No

11.2 Have you ever talked to a doctor about your bleeding into a muscle? Yes No (skip to 12)

11.3 Have you ever been given medical treatment for bleeding into a muscle? Yes No (skip to 12)

If yes, please check all of the treatments that you have had.

- I had surgery to take away the blood at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given clotting factors at least once
- I was given a blood transfusion at least once
- I was given a treatment but don't know what it was

12. Have you ever had bleeding into a joint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 13)
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12.1 Was the bleeding caused by an injury? Yes No

12.2 Have you ever talked to a doctor about bleeding into a joint? Yes No (skip to 13)

12.3 Have you ever been given medical treatment for bleeding into a joint? Yes No (skip to 13)

If yes, please check all of the treatments that you have had.

- I had surgery to take away the blood at least once
- I was given a medication intravenously (IV), or with a needle under the skin at least once
- I was given clotting factors at least once
- I was given a blood transfusion at least once
- I was given a treatment but don't know what it was

13. Have you ever had bleeding into or out of the head, brain or spine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to 14)
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13.1 Where was the bleeding?

- Scalp
- Under the skull and around the brain
- Within the brain tissue
- I don't know

13.2 Please check all of the treatments that you have had.

- I had surgery to take away the blood
- I had surgery to have a shunt put in
- I was given a blood transfusion at least once
- I was given a treatment but don't know what it was

Comments:

14 Other types of bleeding. Some of these other types of bleeding would have happened shortly after birth.

14.1 Have you ever had any of the following?

- A problem with bleeding from the umbilical stump at birth Yes No Unsure
- cephalohematoma, i.e. a collection of blood under the scalp as a newborn, presenting as a soft swelling at the back of the head Yes No Unsure
- bleeding upon suctioning of the mouth and nose at birth Yes No Unsure
- bleeding into your cheek, caused by sucking during bottle or breastfeeding Yes No Unsure
- a problem with bleeding during or after the surgery to remove the foreskin of the penis (circumcision) Yes No Unsure
- a problem with bleeding from a needle poke when blood was drawn Yes No Unsure
- bleeding in the white of your eye Yes No Unsure
- bleeding after sexual intercourse Yes No Unsure

14.2 Have you ever talked to a doctor about any of those bleeding symptoms? Yes No

14.3 Have you ever been given medical treatment for any of these bleeding symptoms? Yes No

For each of these symptoms separately, please check the treatments that you have had.

- I was on a medication (liquid or pills) at least once
- I had surgery to stop the bleeding or had stitches at least once
- I was given a medication intravenously (IV), with a needle under the skin, at least once
- I was given a blood transfusion at least once
- I was given a treatment but don't know what it was

If you have had problems with any other bleeding symptoms that were not included in this questionnaire, please comment on these here.
