A Service From Your vWD Network – An Initiative for the Early Detection of Von Willebrand Disease

Netzwerk vWS
Eine Initiative zur Früherkennung des von-Willebrand-Syndroms

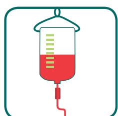
Case History Questionnaire to Assess Risk of Bleeding in Children

Child's name: ______________________________ **Blood group:** ______________

Date of birth: ______________________ **Date:** ______________

Child's own case history

Doctor or parents to mark with cross:



Question	yes	no	Classification by the doctor	If yes
1. Has your child had an increased incidence of **nosebleeds** for no detectable reason?	☐	☐	» Continuing » Seasonal only » ENT findings present » When taking medication » Arterial hypertension	2 3 1 4
2. Has your child had an increased incidence of bruising, including on the torso or unusual sites?	☐	☐	» Lively child? » Without bumping himself/ herself, being pinched, etc. » Continuing	0 2; 1 2
3. After **immunisations**, did your child have clearly detectable bruising on the immunisation site?	☐	☐		2
4. Have you noticed that your child has **bleeding gums** for no detectable reason	☐	☐	» Periodontitis	0
5. Has your child ever had an **operation**? Was there any heavy or persistent bleeding during or after an operation?	☐	☐	» Which operation?	4
6. Did your child have any bleeding when the **umbilical cord fell off**?	☐	☐		2
7. Was there any prolonged or heavy bleeding after the milk **teeth fell out** or with **dental extraction**?	☐	☐	» Over 5 minutes » Aftercare was necessary » When taking medication	2 2 1
8. Has your child ever received any **blood units** or **blood products**?	☐	☐		4; 2
9. Has your child taken **painkillers** such as aspirin in the past few days If so, which? ______________________	☐	☐	» Bleeding tendencies since medication taken	2; 4; 5
10. Has your child received/is your child receiving any **medication**, such as antibiotics, valproate, Marcumar, ... ? If so, which? ______________________	☐	☐	» Bleeding tendencies since medication taken	2; 4; 5
11. Has your child any known **underlying condition**, such as liver or kidney disease?	☐	☐	» What condition?	4

320082(2)Nov19

Additional questions for the mother

Doctor or mother to mark with a cross:

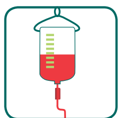
Question	yes	no
1. Do you have long (+7days) and/or heavy menstrual bleedings (changing pads/tampons frequently)?	☐	☐
2. Did you have heavy bleeding **during or after a child's birth**?	☐	☐

Classification by the doctor

	If yes
1. » Since the menarche	2
2.	2

Family history, for mother and father separately

Doctor or the parents to mark with a cross:



Question	Mother yes	Mother no	Father yes	Father no
1. Have you had an increased incidence of, **nose-bleeds**, even for no detectable reason?	☐	☐	☐	☐
2. Have you had an increased incidence of **bruising**, even without bumping yourself?	☐	☐	☐	☐
3. Have you noticed **gum bleeding** for no apparent reason?	☐	☐	☐	☐
4. Do you think that you are bleeding longer **after cuts** (such as when shaving)?	☐	☐	☐	☐
5. Have you had longer or heavier bleeding after **operations**?	☐	☐	☐	☐
6. Have you had longer or heavier bleeding after **dental extractions**?	☐	☐	☐	☐
7. Have you ever received **blood units** or **blood products**?	☐	☐	☐	☐
8. Have there been or are there any **cases of an increased bleeding tendency** in your family?	☐	☐	☐	☐

Classification by the doctor

	If yes
1. » Continuing	2
» Seasonal only	3
» ENT findings present	
» When taking medication	1
» Arterial hypertension	4
2. » Activities liable to cause trauma	0
» Continuing	2
» When taking medication	1
3. » Periodontitis	0
4. » Over 5 minutes	2
» Typical injury (wet shave)	2
» When taking medication	1
5. » Which operation?	4
6. » Over 5 minutes	2
» Aftercare was necessary	2
» When taking medication	1
7.	4; 2
8. » Degree of relationship	
» Diagnosis known	2

Doctor's signature

Practice stamp

0 = no treatment needed
1 = medication case-history
2 = clotting diagnostic investigation needed, possibly refer to Clotting Centre
3 = refer to ENT specialist
4 = retrieval of findings, consultation if necessary with specialist in haemostasis, paediatrician or physician
5 = consultation with specialist in haemostasis, paediatrician or physician/hospital (surgeon) and possible abstention