

SECTION 1.3: BLEEDING & FACTOR REPLACEMENT THERAPY

Centre ID: _____ Patient ID: _____

End Date of First 50 Exposures: _____

Bleeding Events

Please indicate the number of non-traumatic (spontaneous) events in each category.

	Past 12 months	Lifetime
Total number of bleeds	_____	_____
Number of different joints bled into	_____	_____
Joint hemorrhages	_____	_____
Other hemorrhages	_____	_____

Has the number of bleeding episodes changed over the course of the patient's lifetime? _____

If yes, describe

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Factor Replacement

Episodic

Episodic _____ Total used during period _____ IU/kg Administration _____
Duration _____ weeks (total number of weeks during past 12 months)

Prophylaxis

Prophylaxis _____ Dose _____ IU/kg/week Frequency _____
Administration _____ Start date _____ Stop date _____ or Ongoing
Duration _____ weeks (total number of weeks during past 12 months)

Inhibitor Status

Screen _____
Bethesda assay _____ BU/ml _____
Nijmegen modification _____

Therapies

Please record all factor replacement therapies used over the patient's lifetime

Product name _____ Total quantity _____ IU/kg
Product name _____ Total quantity _____ IU/kg

Please record all plasma or cryoprecipitate therapies used over the patient's lifetime

Product name _____ Total quantity _____ IU/kg
Product name _____ Total quantity _____ IU/kg

Products used for joint bleeding

Product name _____ Total quantity _____ IU/kg

Products used for other bleeding

Product name _____ Total quantity _____ IU/kg

Products used for surgery

Product name _____ Total quantity _____ IU/kg

Comments