



**SECTION 3.3: BLEEDING & FACTOR REPLACEMENT THERAPY**

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?

- Yes
- No
- Unknown

If Yes, describe:

**Factor Replacement**

**Episodic**

- Episodic  None  
 Yes, for all bleeds  
 Yes, for severe bleeds only

Total used during period: \_\_\_\_\_IU/kg

Duration: \_\_\_\_\_ weeks (Total number of weeks during the past 12 months)

- Administration:  Always at HTC  
 Always at home  
 Both  
 Unknown

<sup>1</sup>Adapted from WBDR/WFH (www.bleedingdisorderregistry.org)

**SECTION 3.3: BLEEDING & FACTOR REPLACEMENT THERAPY**

Patient ID: \_\_\_\_\_

**Prophylaxis**

Prophylaxis  None  Yes, intermittent  Yes, continuous  Unknown  
Dose: \_\_\_\_\_ IU/kg/week

Frequency:  Once per week  Two times per week  
 Three times per week  Every other day  
 Every two weeks  
 Other

Administration:  Always at HTC  Always at home  Both  Unknown

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ Or  Ongoing

Duration: \_\_\_\_\_ weeks (Total number of weeks during the past 12 months)

**Inhibitor Status**

**Screen**

Done  Test not available  
 Not done  Unknown

**Bethesda assay**

Done  Test not available  
 Not done  Unknown

**Nijmegen modification**

Done  
 Not done  
 Test not available  
 Unknown

**Result**

Positive  Negative  Unknown  
\_\_\_\_\_ BU/ml

**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

**Product used for joint bleeding:**

Product Name: \_\_\_\_\_ Total Quantity: \_\_\_\_\_ IU/kg  
Product Name: \_\_\_\_\_ Total Quantity: \_\_\_\_\_ IU/kg

**Product used for other bleeding:**

Product Name: \_\_\_\_\_ Total Quantity: \_\_\_\_\_ IU/kg

**Product used for surgery:**

Product Name: \_\_\_\_\_ Total Quantity: \_\_\_\_\_ IU/kg

**Comments:**