PROTOCOL
HAEMOPHILIA MEDICATION THERAPY ADHERENCE CLINIC (HMTAC)

Pharmaceutical Services Division
Ministry of Health Malaysia

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PREFACE

Haemophilia is a specialised area where pharmacists could play significant roles in managing pharmaceutical care issues, especially in patients on factor concentrates therapy. Bleeding complication in haemophilia constantly put patients at risk which dictates close monitoring. High cost of treatment is another concern which demands for appropriate management of therapy.

Patient education is integral for appropriate management of haemophilia and its medication as well as to ensure adherence to therapy. As part of the healthcare team, pharmacists are much needed for providing patient education, assess bleeding risk and adequacy of therapy, and identify and solve drug-related problems.

This protocol is meant for pharmacists in the Ministry of Health (MOH) who provide Haemophilia Medication Therapy Adherence Clinic service. The protocol will ensure standardisation of practice throughout all MOH facilities and serve as a guide for pharmacists to deliver the service optimally so that they give meaningful contribution in patient care, together with other healthcare professionals.

I would like to congratulate all contributors for their valuable effort in developing this protocol.

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1.0 INTRODUCTION

Haemophilia Medication Therapy Adherence Clinic (HMTAC) is a service to assist physicians in the management of haemophilia patients on factor concentrates therapy. This protocol serves as a guide to establish and provide standardised practise in all HMTACs.

2.0 SPECIFIC OBJECTIVES

2.1 To serve as an educational resource to help patients, family members and other caregivers (e.g.: school teachers) understand more about haemophilia and its management

2.2 To help patients identify and manage bleeds effectively, so as to maintain good attendance at school or at work, and to live an active and normal life

2.3 As a contentious effort to lower patients' morbidity and provide cost-effective care in the long term

2.4 To help patients identify medications, herbs or over-the-counter products that may interfere with treatment or disease

2.5 To provide consultative and educational services to physicians, nurses and other healthcare providers on factor concentrate therapy and related issues

2.6 To conduct research on factor concentrates therapy-related areas.

3.0 SCOPE OF SERVICE

3.1 The clinic shall operate on an agreed upon day with the respective departments involved

3.2 The requirements of patients' visits to the pharmacist shall be decided upon based on scope of activity and agreed upon by the respective physicians

3.3 A teamwork approach shall be adopted to provide a holistic patient care

3.4 Patient recruitment and follow-up of cases will be based on mutual agreement of the physician, patient and pharmacist

3.5 Activities include monitoring of bleeding frequency, usage and timely infusions of factor concentrates, monitoring of patient diary recordings, drug/food/herbs history taking, patient counselling, dosage adjustment

based on the degree of control of bleeds and the need for additional coverage (i.e.: during surgical procedures, increased activities etc.)

4.0 PROVIDER QUALIFICATION

A pharmacist shall be trained in a centre of excellence recognised by the Ministry of Health and meet minimal competency requirement as highlighted in the HMTAC training programme. Other pharmacists in the clinic shall be directly supervised by a trained pharmacist.

5.0 MANPOWER REQUIREMENT

The number of pharmacist shall be based on the number of patients scheduled per day. An appropriate number of pharmacist is required to ensure smooth operation and continuity of service.

6.0 APPOINTMENT

All appointments are scheduled by the pharmacist with the help of other healthcare providers in the clinic.

7.0 DISPENSING

Factor concentrates shall be dispensed in the clinic to the patients or caregivers with appropriate equipment for proper storage conditions.

8.0 QUALITY ASSURANCE

The service shall be continuously assessed to ensure that patients are receiving optimal care.

9.0 DOCUMENTATION AND REPORTS

All information shall be noted and documents filed in patients' medical records.

The documents involved are:

9.1 Patient/caregiver consent (Appendix 2)

9.2 Infusion instruction log – on-demand therapy (Appendix 3a and 3b)

9.3 Infusion instruction log – prophylaxis therapy (Appendix 4a and 4b)

9.4 HMTAC diary (Appendix 5a and 5b)

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9.12 Lifestyle assessment (*Appendix 13a and 13b*)

9.13 Patient assessment checklist (*Appendix 14*)

9.14 Referral (CP4) form

9.15 Patient satisfaction survey form (*Appendix 15*)

10.0 PROCEDURES

10.1 Selection of Patients

All outpatient haemophilia patients shall be seen by the pharmacist on the pre-specified clinic day. Ward patients requiring factor concentrate therapy shall be referred for appointment prior to discharge. Patients who agree and meet the criteria shall be enrolled into the programme.

10.2 Registration

Patients shall follow the hospital's procedures and policies for registration.

10.3 Blood tests

Blood tests required shall be obtained by the relevant healthcare personnels.

10.4 Preparation

Relevant documents and necessary items shall be made available at a designated area identified for HMTAC. This area shall be deemed suitable for counselling and other HMTAC activities.

10.5 Patient Education

Each patient's understanding shall be assessed before commencement of the programme. Each patient shall be counselled based on the pre-determined counselling programme, stressing on the areas he/she is lacking in knowledge. The patient's comprehension level shall be considered and education aids shall be used when necessary. All education sessions and counselling done shall be documented.

10.6 Monitoring and Evaluation

Patient's response to therapy shall be evaluated at each visit from patient's diary, interview and blood results. All information and action taken shall be recorded.

10.7 Dosage Adjustment

Dosage adjustment based on the types and frequency of bleeds shall be discussed with the physician prior to instructing patient and/or caregiver.

10.8 The responsibilities of the pharmacist are as follow:

i. Explain the purpose of HMTAC and its potential impact to the patient
ii. Assess the patient's compliance, education and physical activity level before beginning education
iii. Educate the patient on the disease and its appropriate treatment
iv. Monitor blood results (if applicable) and patient's bleeding pattern
v. Transcribe factor concentrates as required.

10.9 The patient shall be referred to the physician in the following situations:

i. Uncontrolled bleeding requiring more than two doses of factor concentrate
ii. Haematuria
iii. Severe or life-threatening bleed
iv. Actual or suspected presence of inhibitor formation
v. Persistently non-compliance to therapy or appointment
vi. Requiring dose adjustment based on bleeding trend.

10.10 The patient shall be referred to other disciplines in the following situations:

i. Nursing – for consumables (e.g.: needles, syringes, alcohol swab etc.) and/or assessment/counselling on techniques of administration
ii. Physiotherapy – for suitable exercise regimen/activities and/or joint/ muscles assessment
iii. Counsellor – for social issues
iv. Others

10.11 The standard operating procedure is as follows:

Visit 1

i. The pharmacist will give an overview about HMTAC and the visit requirements

ii. The patient will complete the following assessments:

   a) Compliance assessment: Modified VERITAS-PRN *(Appendix 10a or 10b)* or modified VERITAS-Pro *(Appendix 11a or 11b)*

   b) Knowledge assessment (Appendix 12a or 12b)

   c) Lifestyle assessment *(Appendix 13)*

iii. The pharmacist will interview the patient and complete the Pharmacist Assessment form - First Visit (*Appendix 8*)

iv. The pharmacist will review the outcome of the assessment and document the findings in the Patient Assessment Checklist *(Appendix 14)*

v. Patient education Visit 1 (Chapter 1-7) will be provided based on patient's depth of knowledge

vi. The pharmacist will provide HMTAC diary (*Appendix 5a or 5b*) and assist the patient in preparing Haemophilia Kit

vii. The pharmacist will countercheck the factor concentrates prescription and supply according to institutional policy

viii. Infusion instructions will be given to the patient (*Appendix 3a/3b* or *Appendix 4a/4b*)

ix. Factor concentrates will be dispensed into cold box containing ice and all dispensing details recorded accordingly *(Appendix 6).*

Visit 2 – 5

i. The pharmacist will check the patient's Haemophilia Kit to ensure that all items are adequate

ii. HMTAC diary will be checked and the pharmacist will discuss with the patient and make corrections if there are any recording error

iii. All information from HMTAC diary will be transcribed into the bleeding calendar (Appendix 7), factor concentrates log (*Appendix 6*) and

Pharmacist Assessment (Subsequent Visit) form (*Appendix 9*)

iv. After reviewing the Patient Assessment Checklist (*Appendix 14*), the pharmacist will revise previous counselling points with the patient

v. Subsequently, the patient will be provided education accordingly as follows:

Patient education Visit 2 – Chapter 8-12

Patient education Visit 3 – Chapter 13-16

Patient education Visit 4 – Chapter 17-18

Patient education Visit 5 – Revision of all chapters

vi. All education, additional counselling points and/or referral to other disciplines will be documented in the Pharmacist Assessment (Subsequent Visit) form *(Appendix 9)*

vii. The pharmacist will countercheck the factor concentrates prescription and supply according to institutional policy

iix. Infusion instructions will be given to the patient *(Appendix 3a/3b or Appendix 4a/4b)*

ix. Factor concentrates will be dispensed into cold box containing ice and all dispensing details recorded accordingly *(Appendix 6)*.

Visit 6

i. The patient will complete the following re-assessments:

a) Compliance assessment: Modified VERITAS-PRN (*Appendix 10a or 10b*) or modified VERITAS-Pro (*Appendix 11a or 11b*)

b) Knowledge assessment (*Appendix 12a or 12b*)

c) Lifestyle assessment *(Appendix 13a or 13b)*

ii. The patient will complete Patient Satisfaction Survey form *(Appendix 15)*

iii. The pharmacist will check the patient's Haemophilia Kit to ensure that all items are adequate

iv. HMTAC diary will be checked and the pharmacist will discuss with the patient and make corrections if there are any recording error

v. All information from the HMTAC diary will be transcribed into the bleeding calendar (*Appendix 7*), factor concentrates log *(Appendix 6)*

and Pharmacist Assessment (Subsequent Visit) form *(Appendix 9)*

vi. After reviewing the Patient Assessment Checklist (*Appendix 14*), the pharmacist will revise previous counselling points with the patient

vii. All education, additional counselling points and/or referral to other disciplines will be documented in the Pharmacist Assessment (Subsequent Visit) form *(Appendix 9)*

iix. The pharmacist will countercheck the factor concentrate prescription and supply according to institutional policy

ix. Infusion instructions will be given to the patient *(Appendix 3a/3b or Appendix 4a/4b)*

x. Factor concentrates will be dispensed into cold box containing ice and all dispensing details recorded accordingly *(Appendix 6)*.

Visit 7 Onwards

i. The pharmacist will check the patient's Haemophilia Kit to ensure that all items are adequate

ii. HMTAC diary will be checked and the pharmacist will discuss with the patient and make corrections if there are any recording errors

iii. All information from the HMTAC diary will be transcribed into the bleeding calendar (*Appendix 7*), Factor Concentrates Log *(Appendix 6)* and Pharmacist Assessment (Subsequent Visit) form *(Appendix 9)*

iv. After reviewing the Patient Assessment Checklist (*Appendix 14*), the pharmacist will revise previous counselling points with the patient

v. All education, additional counselling points and/or referral to other disciplines will be documented in the Pharmacist Assessment (Subsequent Visit) form *(Appendix 9)*

vi. The pharmacist will countercheck the factor concentrates prescription and supply according to institutional policy

vii. Infusion instructions will be given to the patient *(Appendix 3a/3b or Appendix 4a/4b)*

iix. Factor concentrates will be dispensed into cold box containing ice and all dispensing details recorded accordingly *(Appendix 6)*.

A summary of the procedure is as follows:

ACTIVITY	APPENDIX	VISIT NO.						
		1	2	3	4	5	6	7
I. ASSESSMENT AND EDUCATION								
Brief explanation about HMTAC	*Appendix 1a/1b*	√						
Patient assessment: a. Compliance assessment b. Knowledge assessment c. Lifestyle assessment	*Appendix 10a/10b or 11a/11b* *Appendix 12a/12b* *Appendix 13a/13b*	√					√	
Pharmacist assessment - first visit	*Appendix 8*	√						
Document assessment in Patient Assessment Checklist	*Appendix 14*	√						
Patient education Visit 1		√						
Supply patient diary and Haemophilia Kit	*Appendix 5a/5b*	√						
Check patient's Haemophilia Kit and ensure all items are adequate			√	√	√	√	√	√
Check patient's diary. If any recording is incomplete, interview patient & document as necessary.	*Appendix 5a/5b*		√	√	√	√	√	√
Transcribe all information from the diary into the: a. Bleeding calendar b. Factor concentrates log c. Pharmacist Assessment - Subsequent Visit	 *Appendix 7* *Appendix 6* *Appendix 9*		√	√	√	√	√	√
Review Patient Assessment Checklist and revise previous counselling points with patient	*Appendix 14*		√	√	√	√	√	√
Patient education Visit 2			√					
Patient education Visit 3				√				
Patient education Visit 4					√			
II. DISPENSING								
Counter check prescription: type of product, dose, strength, frequency, amount to supply (* Dose may be ± 10% of order, rounding up to the nearest vial)		√	√	√	√	√	√	√
Instruct patient accordingly	*Appendix 3a/3b or 4a/4b*	√	√	√	√	√	√	√
Dispense medication into cold box containing ice and record dispensing details	*Appendix 6*	√	√	√	√	√	√	√
Referral to other disciplines (if required) using CP4 form		√	√	√	√	√	√	√
Patient Satisfaction Survey	*Appendix 15*						√	

APPENDICES

HMTAC GOALS AND REQUIREMENT

The Haemophilia Medication Therapy Adherence Clinic (HMTAC) is to help patients and their caregivers understand more about their condition and how to contribute to the optimal treatment of this condition. To help achieve the goals of HMTAC, patients are required to adhere to the following:

i. Visit Requirements

To ensure optimum benefits from HMTAC, patients are required to come for a follow-up appointment monthly for a total of 6 visits, and subsequently thereafter, as required by the pharmacist and/or physician, depending on haemophilia control (e.g.: once every 2 months).

ii. Haemophilia Kit

Every patient should strictly maintain a Haemophilia Kit containing:

a) Patient's HMTAC diary
b) Patient's Haemophilia Card
c) Cold box and ice packs
d) Needles, syringes, alcohol swabs, gloves
e) Sharps bin

Upon every bleeding incident and/or with usage of factor concentrates, the patient's HMTAC diary must be filled in completely and it will be checked by the HMTAC pharmacist at every visit.

Patient's Haemophilia Card contains important information regarding patient's disease and treatment. It must be carried by the patient at all times and must be brought at every visit.

A cold box containing adequate ice packs must be brought at every visit to ensure proper transport of factor concentrates.

The sharps bin will be dated and when filled to the appropriate level, should be brought to HMTAC for exchange with a new bin.

iii. Education

Patients will receive education about their disease and how to optimally manage infusions of treatment, with the goal to prevent long term life- and limb-threatening complications. Revision is done at every visit to ensure patients continue to retain important information regarding their treatment.

MATLAMAT DAN SYARAT HMTAC

Haemophilia Medication Therapy Adherence Clinic (HMTAC) bertujuan membantu pesakit dan ahli keluarga pesakit untuk lebih memahami tentang penyakit hemofilia. Program ini juga bertujuan untuk membimbing pesakit dan ahli keluarga mereka untuk turut serta dalam usaha mengoptimakan rawatan penyakit hemofilia. Untuk mencapai matlamat HMTAC, pesakit perlu mematuhi perkara-perkara berikut:

i. Syarat-syarat Temujanji

Bagi mengoptimakan manfaat daripada program HMTAC, pesakit perlu datang ke klinik setiap bulan untuk 6 bulan yang pertama. Selepas itu, pesakit perlu datang untuk temujanji klinik seperti yang diminta oleh Pegawai Farmasi dan/atau doktor, bergantung kepada tahap kawalan penyakit (cth: sekali setiap 2 bulan)

ii. Kit Hemofilia

Setiap pesakit perlu mempunyai satu Kit Hemofilia lengkap yang mengandungi:

a) Diari HMTAC
b) Kad Hemofilia
c) Kotak sejuk dan pek ais
d) Jarum, picagari, kapas beralkohol, sarung tangan
e) *Sharps bin*

Diari HMTAC wajib diisi dengan lengkap setiap kali berlaku pendarahan dan/ atau apabila pekatan faktor digunakan. Diari ini akan disemak oleh Pegawai Farmasi HMTAC pada setiap temujanji.

Kad Hemofilia mengandungi maklumat penting tentang penyakit hemofilia dan rawatannya. Ia perlu dibawa oleh pesakit pada setiap masa dan pada setiap temujanji.

Kotak sejuk yang mengandungi pek ais secukupnya perlu dibawa setiap kali datang untuk temujanji HMTAC. Ini adalah penting untuk mengekalkan penyimpanan pekatan faktor pada keadaan yang optimum.

Sharps bin yang dibekalkan akan ditulis dengan tarikh bekalan. *Sharps bin* yang telah penuh perlu dibawa ke HMTAC untuk ditukar dengan *sharps bin* yang baru.

iii. Pendidikan

Pesakit akan dididik tentang penyakit dan cara menguruskan rawatan dengan infusi pekatan faktor secara optimum. Pendidikan ini bertujuan untuk mengelakkan komplikasi jangka panjang yang mengancam nyawa dan menjejaskan anggota badan pesakit. Pendidikan untuk pesakit dilakukan pada setiap temujanji HMTAC bagi memastikan pesakit terus mengingati maklumat penting berkaitan dengan rawatan.

KLINIK PEMANTAUAN TERAPI UBAT HEMOFILIA
HAEMOPHILIA MEDICATION THERAPY ADHERENCE CLINIC (HMTAC)

JABATAN FARMASI, HOSPITAL _____
PHARMACY DEPARTMENT, HOSPITAL _____

PERJANJIAN
AGREEMENT

Saya, _____ (No. K/P: _____)

* pesakit/penjaga pesakit bersetuju menyertai program Klinik Pemantauan Terapi Ubat Hemofilia yang dianjurkan oleh Jabatan Farmasi, Hospital _____.
Saya juga berjanji akan memberikan kerjasama sepenuhnya dengan menghadiri kesemua sesi kaunseling yang diadakan oleh Pegawai Farmasi HMTAC dan aktiviti-aktiviti lain berkaitan dengannya yang bertujuan membantu mengawal penyakit hemofilia saya dengan lebih baik.

* Bulatkan mana yang berkenaan.

*I, _____ (I/C no.: _____) as * patient/caregiver agree to join the Haemophilia Medication Therapy Adherence Clinic (HMTAC) which is organised by the Pharmacy Department of Hospital_____.*
I also agree to give full cooperation by attending the counselling sessions provided by the HMTAC Pharmacist and other related activities for the purpose of achieving better control of my haemophilia condition.

** Circle where appropriate.*

Tandatangan/*Signature* : _____
Nama Pesakit/*Patient's Name* : _____
Tarikh/*Date* : _____

Tandatangan/*Signature* : _____
Nama Pegawai Farmasi/
Pharmacist's Name : _____
Tarikh/*Date* : _____

Patient Instructions
(On-Demand Therapy)

Note: For any bleeds that do not resolve after 3 doses, stop treatment and immediately contact haemophilia centre.

Date	Bleed Site	Infusion Instructions				Total Supplied	Next Appt
		Target (%)	Amt (vial)	Strength (U)	Frequency	Strength (U) & Amt (vial)	
	Joint/Muscle				when necessary (repeat after __hrs if required)		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				when necessary (repeat after __hrs if required)		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				when necessary (repeat after __hrs if required)		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				when necessary (repeat after __hrs if required)		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				when necessary (repeat after __hrs if required)		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				when necessary (repeat after __hrs if required)		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		

Arahan untuk Pesakit
(Terapi 'Bila Perlu')

Catatan: Jika pendarahan tidak berhenti selepas menggunakan 3 dos, hentikan rawatan dan hubungi pusat rawatan hemofilia dengan segera.

Tarikh	Tempat pendarahan	Arahan				Jumlah bekalan	Tarikh temujanji berikutnya
		Sasaran (%)	Amaun (vial)	Kekuatan (U)	Kekerapan	Kekuatan (U) & amaun (vial)	
	Sendi/ Otot				bila perlu (ulangi rawatan selepas __ jam jika perlu)		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				bila perlu (ulangi rawatan selepas __ jam jika perlu)		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				bila perlu (ulangi rawatan selepas __ jam jika perlu)		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				bila perlu (ulangi rawatan selepas __ jam jika perlu)		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				bila perlu (ulangi rawatan selepas __ jam jika perlu)		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				bila perlu (ulangi rawatan selepas __ jam jika perlu)		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		

Patient Instructions
(Prophylaxis Therapy)

Note: For any bleeds that do not resolve after 3 doses, stop treatment and immediately contact haemophilia centre.

Date	Bleed Site	Infusion Instructions				Total Supplied	Next Appt
		Target (%)	Amt (vial)	Strength (U)	Frequency	Strength (U) & Amt (vial)	
	Joint/Muscle				On days:		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				On days:		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				On days:		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				On days:		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				On days:		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				On days:		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		
	Joint/Muscle				On days:		
	Head/Throat/ GI/Iliopsoas				immediately & go to haemophilia centre		

Arahan untuk Pesakit
(Terapi Profilaksis)

Catatan: Jika pendarahan tidak berhenti selepas menggunakan 3 dos, hentikan rawatan dan hubungi Pusat Rawatan Hemofilia dengan segera.

Tarikh	Tempat pendarahan	Arahan				Jumlah bekalan	Tarikh temujanji berikutnya
		Sasaran (%)	Amaun (vial)	Kekuatan (U)	Kekerapan	Kekuatan (U) & amaun (vial)	
	Sendi/ Otot				Pada hari: ____________		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				Pada hari: ____________		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				Pada hari: ____________		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				Pada hari: ____________		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				Pada hari: ____________		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		
	Sendi/ Otot				Pada hari: ____________		
	Kepala/ Tekak/GI/ Iliopsoas				serta-merta & segera ke pusat rawatan hemofilia		

My HMTAC Diary

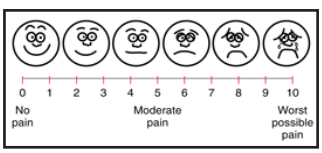
*** To be filled in when i) factors are used and/or ii) when bleed occurs**

*** Select more than one answer (if applicable)**

Tick if first dose		☐ First dose	☐ First dose
Date			
Recording time			
Amount used	**Strength**		
	No. of vials		
Balance no. of vials			
Type/brand name			
Lot no. & expiry date		BNo:_____ Exp :_____	BNo:_____ Exp :_____
Reason for infusion		☐ spontaneous bleed ☐ traumatic bleed ☐ prophylaxis	☐ spontaneous bleed ☐ traumatic bleed ☐ prophylaxis
Site of bleed (state all)			
Initial symptom		☐ tingling ☐ hot to touch ☐ bruising ☐ swelling ☐ others _____	☐ tingling ☐ hot to touch ☐ bruising ☐ swelling ☐ others _____
Swelling (if any)		☐ mild ☐ moderate ☐ severe	☐ mild ☐ moderate ☐ severe
Pain score (0 to 10)			
Range of movement		☐ normal (100%) ☐ restricted _____ %	☐ normal (100%) ☐ restricted _____ %
Time from bleed (or from previous dose) to infusion of factors		_____ mins/hrs	_____ mins/hrs
Time from infusion of factors to pain relieve (or to next dose)		_____ mins/hrs	_____ mins/hrs
R.I.C.E		☐ No ☐ Yes _____ mins	☐ No ☐ Yes _____ mins
Pain relieve medication		☐ No ☐ Yes _____	☐ No ☐ Yes _____
Visit to other specialty?		☐ No ☐ Yes _____	☐ No ☐ Yes _____
Adverse reaction		☐ No ☐ Yes _____	☐ No ☐ Yes _____
Days off work or school		_____ days	_____ days
Notes/Counselling: **(To be filled by pharmacist)**			

Keynotes:

Pain Score:



R.I.C.E = *Rest, Ice, Compression, Elevation*

Diari HMTAC

*** Sila isi apabila i) faktor digunakan dan/atau ii) apabila berlaku pendarahan**
*** Sila tanda lebih daripada 1 jawapan jika perlu**

Tandakan jika dos pertama		☐ Dos pertama	☐ Dos pertama
Tarikh			
Masa rekod			
Amaun diguna	Kekuatan		
	Bil. vial		
Baki vial			
Jenis/jenama ubat			
No. lot & tarikh luput		BNo:_____ Tarikh luput :_____	BNo:_____ Tarikh luput :_____
Sebab infusi		☐ pendarahan spontan ☐ pendarahan traumatik ☐ pencegahan	☐ pendarahan spontan ☐ pendarahan traumatik ☐ pencegahan
Tempat pendarahan (nyatakan semua)			
Simptom awal		☐ rasa mencucuk ☐ panas ☐ lebam ☐ bengkak ☐ lain-lain_____	☐ rasa mencucuk ☐ panas ☐ lebam ☐ bengkak ☐ lain-lain_____
Bengkak (jika ada)		☐ sedikit ☐ sederhana ☐ teruk	☐ sedikit ☐ sederhana ☐ teruk
Skor kesakitan (0 to 10)			
Julat pergerakan		☐ normal (100%) ☐ terhad _____ %	☐ normal (100%) ☐ terhad _____ %
Tempoh masa dari pendarahan (atau dos terdahulu) sehingga infusi faktor diambil		_____ minit/jam	_____ minit/jam
Tempoh masa dari infusi faktor diambil sehingga kesakitan pulih (atau sehingga dos seterusnya)		_____ minit/jam	_____ minit/jam
R.I.C.E		☐ Tiada ☐ Ada _____ min	☐ Tiada ☐ Ada _____ min
Ubat penahan sakit		☐ Tiada ☐ Ada _____	☐ Tiada ☐ Ada _____
Berjumpa kepakaran lain?		☐ Tiada ☐ Ada _____	☐ Tiada ☐ Ada _____
Kesan mudarat		☐ No ☐ Yes _____	☐ No ☐ Yes _____
Cuti sakit		_____ hari	_____ hari
Nota/kaunseling: (diisi oleh Pegawai Farmasi)			

Nota:
Skor Kesakitan

R.I.C.E = *Rest, Ice, Compression, Elevation*

Patient's Factor Concentrates Log

Patient Name : _____

R/N : _____

No.	Date	Wt (kg)	FACTOR CONC. PRESCRIPTION						FACTOR CONC. DISPENSED				TCA Date	FOLLOW-UP					
			Type of infusion	% target	Dosage per infusion (iu)	Strength (iu) & qty	Est. freq. of usage (no. of dose/week & addn dose)	Duration (wks)	Brand	Lot No. & Expiry Date	Strength	Amt dispensed (vial) [*R – B = A]		Date	No. of infusion	Factor conc. usage			
																Strength (iu)	Used qty	Bal. qty	Stock tally / remarks
			☐ PRN ☐ pro																
			☐ PRN ☐ pro																
			☐ PRN ☐ pro																
			☐ PRN ☐ pro																
			☐ PRN ☐ pro																
			☐ PRN ☐ pro																
			☐ PRN ☐ pro																

* R = Required amount
B = Balance amount
A = Actual amount

Calendar of Bleeding Frequency

Patient Name: _____

O Attendance date
☐ Warded date
√ Bleeding incidence
^ Unresolved bleeding incidence
P Prophylaxis

YEAR _____

January

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

PHARMACIST ASSESSMENT (FIRST VISIT)

VISIT NO.: _____ **DATE:** _____

PATIENT DEMOGRAPHICS

Patient Name	:	Diagnosis	:
Age (yrs)	:	Date of Diagnosis	:
R/N	:	Date of First Follow-up	:
Address	:	Factor Level (%)	:
Tel. No.	:	Inhibitor Level (BU)	:
Occupation/School	:	Weight (kg)	:

HISTORY

Bleeding patterns or frequency in the past _____ week(s):

i. Frequency of bleedings : Average : _____ time(s) a week/month
ii. Type of bleed : ☐ spontaneous ☐ traumatic
iii. Site of bleed (state all location) & freq. : _____
iv. Time from bleed to infusion of factors : Average : _____ mins/hrs
v. Time to alleviate pain/stop bleed : Average : _____ mins/hrs
vi. No. of infusions required to stop each bleeding incident : Average : _____
vii. No. of days off work/school : Total : _____ days
viii. Prophylaxis dose (if applicable) : _____ infusions per week

History of serious bleed : □ No □ Yes: Intracranial bleed/Iliopsoas bleed/_____ Date: _____

Target joints :

Deformities :

Concomitant diseases :

Previous adverse reactions :

Current concomitant medications/herbs/supplements:

LABORATORY VALUES/SCREENING

Date	: _____	Date	: _____	
Factor Level	: _____ %	HBV	: ☐ neg ☐ pos	Vaccination: ☐ yes ☐ no
Inhibitor Level	: _____ BU	HCV	: ☐ neg ☐ pos	
		HIV	: ☐ neg ☐ pos	

EVALUATION/PROBLEM(S) & ACTION(S)
(Also refer Knowledge Assessment)

No.	Issues	Action taken/ Counselling given	Outcome
i.	Supply & usage discrepancies (assess also barriers to adherence):		
ii.	Compliance (timeliness, R.I.C.E, other Rx, etc.):		

No.	Issues	Action taken/ Counselling given	Outcome
iii.	Other medications/herbs/supplements (check for ADR and drug interaction):		
iv.	Allergies/adverse reactions to factors or other medications (write in red):		
v.	Storage & stability:		
vi.	Preparation & administration:		
vii.	Disposal (check patient's methods and compliance): Sharps bin: (date taken/exchange): _____		
viii.	Other issues raised by patient/observed by pharmacist:		

Education topics done : ☐ Visit 1 (C:1-7) ☐ Visit 2 (C:8-12) ☐ Visit 3 (C:13-16) ☐ Visit 4 (C:17-18)

PLAN

i. Suggestion for referral

No.	Issue	Referred Dept.	Person In-Charge	Notes

ii. Pharmacotherapy Plan (also refer Patient's Factor Concentrates Log)

☐ **On-Demand Therapy**

For bleeding in joints and/or muscles:

_____ % Target : Infuse _____ vials of _____ units factor concentrates when necessary.

Repeat after _____ hours if necessary.

For bleeding in head, throat, GI and/or iliopsoas:

_____ % Target : Infuse _____ vials of _____ units factor concentrates immediately & go to the nearest haemophilia centre.

☐ **Prophylaxis Therapy**

_____ % Target : Infuse _____ vials of _____ units factor concentrates _____ times a week on days _____ and when necessary.

iii. Next Appointment

Doctor TCA Date :
Pharmacist TCA Date :
Issues to review :

COUNSELLED BY : (chop & name) (time)

PHARMACIST ASSESSMENT (SUBSEQUENT VISIT)

VISIT NO.: _____ **DATE:** _____

Patient Name:

HISTORY

Bleeding patterns or frequency in the past _____ week(s):

i. Frequency of bleedings : Average : _____ time(s) a week
ii. Type of bleed : ☐ spontaneous ☐ traumatic
iii. Site of bleed (state all location) & freq. : _____
iv. Time fr bleed to infusion of factors : Average : _____ mins/hrs
v. Time to alleviate pain/stop bleed : Average : _____ mins/hrs
vi. No of infusions required to stop each bleeding incident : Average : _____
vii. No. of days off work/school : Total : _____ days
viii. Prophylaxis dose (if applicable) : _____ infusions per week

LAB. VALUES /SCREENING (refer attachment if applicable)

EVALUATION/PROBLEM(S) & ACTION(S)

(Also refer Knowledge Assessment)

No.	Issues	Action taken/ Counselling given	Outcome
i.	Issues raised by patient/observed by pharmacist:		

Sharps bin : (date taken/exchange): _____

Education topics done : ☐ Visit 1 (C:1-7) ☐ Visit 2 (C:8-12) ☐ Visit 3 (C:13-16) ☐ Visit 4 (C:17-18)

PLAN

i. Suggestion for referral

No.	Issue	Referred Dept.	Person In-Charge	Notes

ii. Pharmacotherapy Plan (also refer Patient's Factor Concentrates Log)

☐ **On-Demand Therapy**

For bleeding in joints and/or muscles:

_____ % Target : Infuse _____ vials of _____ units factor concentrates when necessary.
Repeat after _____ hours if necessary.

For bleeding in head, throat, GI and/or iliopsoas:

_____ % Target : Infuse _____ vials of _____ units factor concentrates immediately & go to the nearest haemophilia centre.

☐ **Prophylaxis Therapy**

_____ % Target : Infuse _____ vials of _____ units factor concentrates _____ times a week on days _____ and when necessary.

iii. Next Appointment

Doctor TCA Date :

Pharmacist TCA Date :

Issues to review :

COUNSELLED BY : (chop & name) (time)

VERITAS-PRN (MODIFIED)

PATIENT NAME : _____

DATE : _____

Managing haemophilia is a challenging task. The questions below ask about how you manage bleeds and infusions. We'd like to get an idea of how often you have done each of these things in the **past three months**. When answering these questions, think of an **average** joint or muscle bleed – a definite bleed, but not life- or limb-threatening. **There are no right or wrong answers**. The most important thing is that you answer each question honestly. Please answer each question using the following scale:

Always – all of the time, 100% of the time
Often – most of the time, at least 75% of the time
Sometimes – occasionally, at least 50% of the time
Rarely – not often, 25% of the time
Never – not at all, 0% of the time

	100% Always	75% Often	50% Sometimes	25% Rarely	0% Never	For Pharmacy Use
Treating:						
1. I infuse when there are symptoms of bleeding.	☐	☐	☐	☐	☐	☐
2. I infuse for the number of days recommended by the haemophilia center.	☐	☐	☐	☐	☐	☐
3. I complete the recommended number of infusions when a bleed occurs.	☐	☐	☐	☐	☐	☐
4. I follow the guidelines the haemophilia center has given me for managing haemophilia.	☐	☐	☐	☐	☐	☐
Timing:						
5. When there are symptoms of bleeding, I stop activities and infuse right away.	☐	☐	☐	☐	☐	☐
6. When there are symptoms of bleeding, I wait to infuse until it is convenient.	☐	☐	☐	☐	☐	☐
7. I wait to infuse until a day or two after the symptoms of bleeding start.	☐	☐	☐	☐	☐	☐
8. I infuse within three hours of noticing symptoms of a bleed.	☐	☐	☐	☐	☐	☐
Dosing:						
9. I infuse the prescribed dosage for bleeds.	☐	☐	☐	☐	☐	☐

	100% Always	75% Often	50% Sometimes	25% Rarely	0% Never	For Pharmacy Use
10. I remember the doctor-recommended dose.	☐	☐	☐	☐	☐	☐
11. I use the correct number of factor boxes to total my recommended dose.	☐	☐	☐	☐	☐	☐
12. Instead of calling the treatment center, I increase or decrease the infusion dose based on what I think is appropriate.	☐	☐	☐	☐	☐	☐
Planning:						
13. When a bleed occurs, I go to the hospital or emergency room because there is no factor at home.	☐	☐	☐	☐	☐	☐
14. I have enough factor and supplies at home to infuse when needed.	☐	☐	☐	☐	☐	☐
15. I keep two or more doses of factor at home.	☐	☐	☐	☐	☐	☐
16. I keep track of how much factor and how many supplies there are at home.	☐	☐	☐	☐	☐	☐
Remembering:						
17. I forget to infuse when there are symptoms of bleeding.	☐	☐	☐	☐	☐	☐
18. I remember how much factor to infuse for bleeds.	☐	☐	☐	☐	☐	☐
19. I miss recommended infusions because I forget about them.	☐	☐	☐	☐	☐	☐
20. When a bleed occurs, I forget to follow treatment recommendations that the haemophilia center gives me.	☐	☐	☐	☐	☐	☐
Communicating:						
21. I call the haemophilia center for advice when there are symptoms of bleeding at uncommon sites.	☐	☐	☐	☐	☐	☐
22. I call the haemophilia center when I cannot tell whether I need to infuse.	☐	☐	☐	☐	☐	☐
23. For uncommon bleeding sites, I make treatment decisions myself rather than calling the haemophilia center.	☐	☐	☐	☐	☐	☐
24. I call the haemophilia center before medical interventions, such as dental extractions, colonoscopies, visits to the emergency room, or hospital stays.	☐	☐	☐	☐	☐	☐

VERITAS-PRN (MODIFIED)

NAMA PESAKIT : _____

TARIKH : _____

Pengurusan hemofilia adalah sesuatu yang mencabar. Soalan-soalan di bawah adalah berkaitan dengan cara anda menguruskan pendarahan dan infusi. Ianya adalah untuk mendapatkan maklumat tentang kekerapan anda melakukan setiap perkara ini dalam tempoh **3 bulan yang lalu**. Semasa menjawab soalan-soalan berikut, fikirkan tentang pendarahan otot /sendi yang **biasa** berlaku pada anda - bukan pendarahan yang serius atau mengancam nyawa. **Tiada jawapan yang betul atau salah**. Perkara paling penting ialah untuk menjawab setiap soalan dengan jujur. Jawab setiap soalan dengan menggunakan skala berikut:

Sentiasa – setiap masa, 100% masa
Selalu – kebanyakan masa, sekurang-kurangnya 75% masa
Kadangkala – sesekali, 50% masa
Jarang – tidak kerap, 25% masa
Tidak pernah – langsung tiada, 0% masa

	100% Sentiasa	**75% Selalu**	**50% Kadang kala**	**25% Jarang**	**0% Tidak pernah**	**Untuk Kegunaan Farmasi**
Merawat:						
1. Saya akan mengambil infusi apabila ada simptom-simptom pendarahan.	☐	☐	☐	☐	☐	☐
2. Saya mengambil infusi untuk bilangan hari yang dicadangkan oleh pusat hemofilia.	☐	☐	☐	☐	☐	☐
3. Apabila berlaku pendarahan, saya akan mengambil bilangan infusi seperti yang disarankan.	☐	☐	☐	☐	☐	☐
4. Saya mematuhi garis panduan yang diberikan oleh pusat hemofilia kepada saya untuk pengurusan hemofilia.	☐	☐	☐	☐	☐	☐
Ketepatan waktu:						
5. Apabila ada simptom-simptom pendarahan, saya akan menghentikan aktiviti dan mengambil infusi serta-merta.	☐	☐	☐	☐	☐	☐
6. Apabila ada simptom-simptom pendarahan, saya menunggu sehingga ada kelapangan untuk mengambil infusi.	☐	☐	☐	☐	☐	☐
7. Apabila ada simptom-simptom pendarahan, saya menunggu satu atau dua hari sebelum mengambil infusi.	☐	☐	☐	☐	☐	☐
8. Saya mengambil infusi dalam masa 3 jam selepas ada simptom-simptom pendarahan.	☐	☐	☐	☐	☐	☐
Dos:						
9. Saya mengambil infusi mengikut dos yang disarankan untuk pendarahan.	☐	☐	☐	☐	☐	☐

	100% Sentiasa	75% Selalu	50% Kadang kala	25% Jarang	0% Tidak pernah	Untuk Kegunaan Farmasi
10. Saya mengingati dos yang disarankan oleh doktor.	☐	☐	☐	☐	☐	☐
11. Saya menggunakan bilangan vial yang betul bagi mendapatkan jumlah dos yang disarankan.	☐	☐	☐	☐	☐	☐
12. Saya tidak menelefon pusat rawatan, sebaliknya saya mengurangkan atau menambah dos infusi mengikut kesesuaian.	☐	☐	☐	☐	☐	☐
Merancang:						
13. Apabila pendarahan berlaku, saya pergi ke hospital atau wad kecemasan kerana tiada bekalan faktor di rumah.	☐	☐	☐	☐	☐	☐
14. Saya mempunyai bekalan faktor yang mencukupi di rumah untuk mengambil infusi bila diperlukan.	☐	☐	☐	☐	☐	☐
15. Saya menyimpan dua atau lebih dos faktor di rumah.	☐	☐	☐	☐	☐	☐
16. Saya sentiasa mengetahui bilangan vial faktor dan peralatan infusi yang ada di rumah.	☐	☐	☐	☐	☐	☐
Mengingati:						
17. Saya lupa untuk mengambil infusi apabila ada simptom-simptom pendarahan.	☐	☐	☐	☐	☐	☐
18. Saya mengingati jumlah faktor yang perlu digunakan untuk pendarahan.	☐	☐	☐	☐	☐	☐
19. Saya tidak mengambil infusi seperti yang disarankan kerana saya terlupa.	☐	☐	☐	☐	☐	☐
20. Apabila pendarahan berlaku, saya lupa untuk mengikuti saranan rawatan yang diberikan oleh pusat rawatan hemofilia.	☐	☐	☐	☐	☐	☐
Berkomunikasi:						
21. Saya meminta nasihat daripada pusat hemofilia apabila ada simptom-simptom pendarahan di kawasan yang luar daripada kebiasaan.	☐	☐	☐	☐	☐	☐
22. Saya menelefon pusat hemofilia apabila saya tidak pasti samada perlu mengambil infusi atau tidak.	☐	☐	☐	☐	☐	☐
23. Untuk kawasan pendarahan yang luar daripada kebiasaan, saya tidak menelefon pusat rawatan untuk bertanya, sebaliknya membuat keputusan sendiri tentang rawatan.	☐	☐	☐	☐	☐	☐
24. Saya menelefon pusat hemofilia sebelum menjalani sebarang rawatan/ prosedur perubatan seperti mencabut gigi, kolonoskopi, mendapatkan rawatan di wad kecemasan atau kemasukan ke hospital.	☐	☐	☐	☐	☐	☐

VERITAS-Pro (MODIFIED)

PATIENT NAME : _____

DATE : _____

Managing haemophilia is a challenging task. The questions below ask about how you manage haemophilia and prophylaxis. We'd like to get an idea of how often you have done each of these things in the **past three months**. **There are no right or wrong answers**. The most important thing is for you to answer each question as honestly as possible. Please answer each question using the following scale:

Always – all of the time, 100% of the time
Often – most of the time, at least 75% of the time
Sometimes – occasionally, at least 50% of the time
Rarely – not often, 25% of the time
Never – not at all, 0% of the time

	100% Always	75% Often	50% Sometimes	25% Rarely	0% Never	For Pharmacy Use
Treating:						
1. I do prophylaxis infusions on the scheduled days.	☐	☐	☐	☐	☐	☐
2. I infuse the recommended number of times per week.	☐	☐	☐	☐	☐	☐
3. I do prophylaxis infusions in the morning as recommended.	☐	☐	☐	☐	☐	☐
4. I do infusions according to the schedule provided by the haemophilia centre.	☐	☐	☐	☐	☐	☐
Dosing:						
5. I use the doctor-recommended dose for infusions.	☐	☐	☐	☐	☐	☐
6. I infuse at a lower dose than prescribed.	☐	☐	☐	☐	☐	☐
7. I increase or decrease the dose without calling the haemophilia centre.	☐	☐	☐	☐	☐	☐
8. I use the correct number of factor vials to total my recommended dose.	☐	☐	☐	☐	☐	☐
Planning:						
9. I plan ahead so I have enough factor at home.	☐	☐	☐	☐	☐	☐
10. I keep close track of how much factor and how many supplies I have at home.	☐	☐	☐	☐	☐	☐

	100% Always	75% Often	50% Sometimes	25% Rarely	0% Never	For Pharmacy Use
11. I run out of factor supplies before I obtain more.	☐	☐	☐	☐	☐	☐
12. I have a system for keeping track of factor and supplies at home.	☐	☐	☐	☐	☐	☐
Remembering:						
13. I forget to do prophylaxis infusions.	☐	☐	☐	☐	☐	☐
14. Remembering to do prophylaxis is difficult.	☐	☐	☐	☐	☐	☐
15. I remember to infuse on the schedule prescribed by the haemophilia centre.	☐	☐	☐	☐	☐	☐
16. I miss recommended infusions because I forget about them.	☐	☐	☐	☐	☐	☐
Skipping:						
17. I skip prophylaxis infusions.	☐	☐	☐	☐	☐	☐
18. I choose to infuse less often than prescribed.	☐	☐	☐	☐	☐	☐
19. If it is not convenient to infuse, I skip the infusion that day.	☐	☐	☐	☐	☐	☐
20. I miss recommended infusions because I skip them.	☐	☐	☐	☐	☐	☐
Communicating:						
21. I call the haemophilia center when I have questions about haemophilia or treatment.	☐	☐	☐	☐	☐	☐
22. I call the haemophilia center when I have haemophilia-related health concerns or when changes occur.	☐	☐	☐	☐	☐	☐
23. I make treatment decisions myself rather than calling the haemophilia centre.	☐	☐	☐	☐	☐	☐
24. I call the haemophilia center before medical interventions, such as dental extractions, colonoscopies, visits to the emergency room, or hospital stays.	☐	☐	☐	☐	☐	☐

VERITAS-Pro (MODIFIED)

NAMA PESAKIT : _____

TARIKH : _____

Pengurusan hemofilia adalah sesuatu yang mencabar. Soalan-soalan di bawah adalah berkaitan dengan cara anda menguruskan hemofilia dan rawatan pencegahan (profilaksis). Ianya adalah untuk mendapatkan maklumat tentang kekerapan anda melakukan setiap perkara ini dalam tempoh **3 bulan yang lalu**. **Tiada jawapan yang betul atau salah**. Perkara paling penting ialah untuk menjawab setiap soalan dengan jujur. Jawab setiap soalan dengan menggunakan skala berikut:

Sentiasa – setiap masa, 100% masa
Selalu – kebanyakan masa, sekurang-kurangnya 75% masa
Kadangkala – sesekali, 50% masa
Jarang – tidak kerap, 25% masa
Tidak pernah – langsung tiada, 0% masa

	100% Always	75% Often	50% Sometimes	25% Rarely	0% Never	For Pharmacy Use
Treating:						
1. Saya mengambil infusi profilaksis pada hari-hari yang dijadualkan.	☐	☐	☐	☐	☐	☐
2. Saya mengambil infusi profilaksis mengikut bilangan infusi yang disarankan dalam seminggu.	☐	☐	☐	☐	☐	☐
3. Saya mengambil infusi profilaksis pada waktu pagi seperti yang disarankan.	☐	☐	☐	☐	☐	☐
4. Saya mengambil infusi berdasarkan jadual yang ditetapkan oleh pusat hemofilia.	☐	☐	☐	☐	☐	☐
Dos:						
5. Saya mengambil infusi mengikut dos yang disarankan oleh doktor.	☐	☐	☐	☐	☐	☐
6. Saya menggunakan dos infusi yang lebih rendah daripada disarankan.	☐	☐	☐	☐	☐	☐
7. Saya meningkatkan atau mengurangkan dos tanpa menelefon pusat rawatan.	☐	☐	☐	☐	☐	☐
8. Saya menggunakan bilangan vial yang betul bagi mendapatkan jumlah dos yang disarankan.	☐	☐	☐	☐	☐	☐
Merancang:						
9. Saya membuat perancangan awal supaya mempunyai bekalan faktor yang mencukupi di rumah.	☐	☐	☐	☐	☐	☐
10. Saya mengetahui bilangan vial faktor dan peralatan infusi yang ada di rumah.	☐	☐	☐	☐	☐	☐

	100% Always	75% Often	50% Sometimes	25% Rarely	0% Never	For Pharmacy Use
11. Saya kehabisan bekalan faktor sebelum sempat mendapatkan tambahan bekalan.	☐	☐	☐	☐	☐	☐
12. Saya mempunyai suatu sistem untuk mengetahui bilangan faktor dan peralatan infusi yang ada di rumah.	☐	☐	☐	☐	☐	☐
Mengingati:						
13. Saya lupa untuk mengambil infusi profilaksis.	☐	☐	☐	☐	☐	☐
14. Mengingati untuk mengambil infusi profilaksis adalah sesuatu yang sukar.	☐	☐	☐	☐	☐	☐
15. Saya ingat untuk mengambil infusi mengikut jadual yang diarahkan oleh pusat hemofilia.	☐	☐	☐	☐	☐	☐
16. Saya terlepas mengambil infusi yang disarankan kerana saya terlupa.	☐	☐	☐	☐	☐	☐
Pengabaian:						
17. Saya abaikan mengambil infusi profilaksis.	☐	☐	☐	☐	☐	☐
18. Saya memilih untuk mengambil infusi kurang kerap daripada yang diarahkan.	☐	☐	☐	☐	☐	☐
19. Jika keadaan tidak sesuai, saya akan mengabaikan dos infusi pada hari tersebut.	☐	☐	☐	☐	☐	☐
20. Saya tidak mengambil infusi yang disarankan kerana saya mengabaikannya.	☐	☐	☐	☐	☐	☐
Berkomunikasi:						
21. Saya akan menelefon pusat hemofilia apabila mempunyai persoalan tentang hemofilia atau rawatan.	☐	☐	☐	☐	☐	☐
22. Saya akan menelefon pusat hemofilia apabila mempunyai kemusykilan tentang kesihatan saya yang berkaitan dengan hemofilia atau jika terdapat apa-apa perubahan pada keadaan saya.	☐	☐	☐	☐	☐	☐
23. Saya tidak menelefon pusat rawatan untuk bertanya, sebaliknya membuat keputusan sendiri tentang rawatan.	☐	☐	☐	☐	☐	☐
24. Saya menelefon pusat hemofilia sebelum menjalani sebarang rawatan/ prosedur perubatan seperti mencabut gigi, kolonoskopi, mendapatkan rawatan di wad kecemasan atau kemasukan ke hospital.	☐	☐	☐	☐	☐	☐

KNOWLEDGE ASSESSMENT REGARDING HAEMOPHILIA

PATIENT NAME : _____ **DATE :** _____

1. When a person bleeds, proteins in their blood work together to form a clot that stops the bleeding. — For Pharmacy Use: C2
   - ☐ false
   - ☐ I don't know
   - ☐ true
2. I am missing one of the following clotting proteins… — For Pharmacy Use: C2
   - ☐ factor VIII
   - ☐ factor IX
   - ☐ von Willebrand
   - ☐ don't know
3. I have a _____ bleeding disorder. — For Pharmacy Use: C2
   - ☐ severe
   - ☐ mild
   - ☐ moderate
   - ☐ not sure
4. The haemophilia gene may be passed on to my children. — For Pharmacy Use: C17
   - ☐ false
   - ☐ true
   - ☐ not sure
5. My bleeding disorder treatment is… — For Pharmacy Use: C2
   - ☐ oral medication
   - ☐ intravenous medication
   - ☐ clotting factor
   - ☐ not sure
6. The dosage of my treatment depends on… — For Pharmacy Use: C13
   - ☐ how long I have had the disease
   - ☐ weight & type of bleed
   - ☐ weight only
   - ☐ don't know
7. In the case of a hard blow to the head, the treatment should be… — For Pharmacy Use: C3, C8
   - ☐ to rest until the pain passes
   - ☐ to call the hospital or doctor right away, and give 100% factor concentrate
   - ☐ to take painkiller and to call the doctor if the pain persists
   - ☐ not sure
8. For joint bleeds, the goal of treatment is to prevent damage to the joint. — For Pharmacy Use: C9
   - ☐ true
   - ☐ false
   - ☐ not sure
9. In the event of a reaction during treatment (e.g. hives), I would… — For Pharmacy Use: C12
   - ☐ ask for assistance while making sure the infusion is still intact
   - ☐ stop the infusion immediately and call the hospital for instructions
   - ☐ ignore it
   - ☐ not sure
10. In the case of blood-stained urine (haematuria), treatment should be — For Pharmacy Use: C3, C8
    - ☐ infuse 50% of dose and go to the hospital
    - ☐ drink plenty of water and go to the hospital immediately
    - ☐ don't know
11. Before I begin infusions... — For Pharmacy Use: C11
    - ☐ I wash my hands if there is time and I clean the injection area with soap
    - ☐ I clean the injection area and the needles with alcohol, and prepare a sharps bin
    - ☐ I wash my hands with warm soapy water, clean the injection area with alcohol, and prepare a sharps bin
    - ☐ not sure
12. When mixing the factor… — For Pharmacy Use: C11
    - ☐ I check the container & begin mixing as fast as possible to administer as soon as possible
    - ☐ I check the expiration date, the colour of the factor before & after mixing, and check the number of units to ensure I have enough
    - ☐ I check the colour of the factor before & after mixing, and administer
    - ☐ not sure
13. When I have found the vein I am going to use, I — For Pharmacy Use: C11
    - ☐ go ahead and stick the needle into the skin
    - ☐ clean the skin with alcohol or antiseptic, then stick the needle into the skin
    - ☐ stick the needle and clean the skin and the needle with alcohol afterwards
    - ☐ not sure
14. In preparing the butterfly needles… — For Pharmacy Use: C11
    - ☐ I clean them with alcohol
    - ☐ I use a new, sterile one every time
    - ☐ I use a new one if possible
    - ☐ not sure
15. After the infusion, I do the following with syringes and needles and other items with blood & factor

For Pharmacy Use

on them…
- ☐ I use a sharps bin
- ☐ I throw them in the trash can
- ☐ not sure

C6

16. A sharps bin is…
- ☐ a trash can
- ☐ a puncture-resistant bin
- ☐ not sure

C6

17. After using a sharps bin, I…
- ☐ leave it open for convenience and keep it somewhere near me
- ☐ keep it closed and store it away from children and pets
- ☐ dispose the bin and get a new one
- ☐ not sure

C6

18. When I have non-sharp wastes (e.g. vials or bottles) from the infusion, I…
- ☐ put them in a sealed plastic bag and put in the trash
- ☐ dispose in a trash can
- ☐ use a sharps bin
- ☐ not sure

C6

19. If someone else is exposed to my blood or factor product…
- ☐ I have a plan that I have reviewed with my doctor: wash the exposure site with warm, soapy water & call my haemophilia centre
- ☐ wipe the exposure site with clean tissue and leave it if it looks fine. If it does not look fine, call my haemophilia centre
- ☐ I would worry for awhile then call someone
- ☐ not sure

C12

20. Unused factors should be stored...
- ☐ under room temperature in a locked medicine cabinet
- ☐ refrigerated (2-8^{0}C)
- ☐ in the freezer section of a refrigerator
- ☐ not sure

C5

21. Factor concentrates which are mixed should be used within .....
- ☐ 24-48 hours
- ☐ 12-24 hours
- ☐ 3-12 hours
- ☐ 3 hours
- ☐ not sure

C5

22. Recording the infusion…
- ☐ is something I rarely do
- ☐ is something I do when I have time
- ☐ is something I do every time
- ☐ not sure

C7

23. When I have symptoms of bleeding, I should infuse within…
- ☐ the same day
- ☐ 2 hours
- ☐ 5 hours
- ☐ not sure

C10

24. To manage target joints bleeding and pain, I should…
- ☐ call my haemophilia centre
- ☐ use clotting factors, apply R.I.C.E and take some painkillers like NSAIDs
- ☐ use clotting factors and apply R.I.C.E
- ☐ not sure

C4

C15

25. Ice therapy should be used…
- ☐ until I feel no pain
- ☐ for 10-15 minutes every 2 hours
- ☐ for 30 minutes every 6 hours
- ☐ not sure

26. I can consume any supplements, herbs or medications.
- ☐ yes
- ☐ no
- ☐ only if I think it is safe for consumption
- ☐ only if I have checked with my physician or pharmacist
- ☐ not sure

C4

C15

27. I should not brush and floss my teeth because it causes my gums to bleed.
- ☐ true
- ☐ false
- ☐ not sure

28. A medic alert bracelet is…
- ☐ something I need to wear all the time to alert people and healthcare professionals of my condition
- ☐ something I need to wear when I do high risk activities (e.g. sports) to alert people and healthcare professionals of my condition
- ☐ something I need to wear when I feel like it
- ☐ not sure what it is

C16

C16

29. During normal circumstances, I should refrain myself from sports activities to reduce the incidence of bleeding.
- ☐ true
- ☐ false
- ☐ not sure

30. When I am travelling I should bring my clotting factor concentrates with me and ensure it is kept in proper storage conditions.
- ☐ true
- ☐ true, only if I will be engaging in high risk activities
- ☐ false
- ☐ not sure

C16

C16

PENILAIAN PENGETAHUAN TENTANG HEMOFILIA

NAMA PESAKIT : _____ **TARIKH :** _____

	For Pharmacy Use
1. Apabila berlaku pendarahan, protein dalam darah akan membentuk bekuan yang akan menghentikan pendarahan. ☐ salah ☐ tidak tahu ☐ benar	C2
2. Saya tidak mempunyai faktor pembekuan berikut.. ☐ faktor VIII ☐ faktor IX ☐ von Willebrand ☐ tidak tahu	C2
3. Saya mempunyai penyakit darah yang _____ ☐ teruk ☐ ringan ☐ sederhana ☐ tidak pasti	C2
4. Gen hemofilia saya boleh diwarisi oleh anak-anak saya. ☐ salah ☐ betul ☐ tidak pasti	C17
5. Rawatan bagi penyakit saya ialah… ☐ ubat makan ☐ ubat injeksi ☐ faktor pembekuan darah ☐ tidak pasti	C2
6. Dos rawatan saya bergantung kepada.. ☐ tempoh saya mendapat penyakit ini ☐ berat & jenis pendarahan ☐ berat sahaja ☐ tidak tahu	C13
7. Apabila terjadi pukulan yang amat kuat pada kepala, rawatan yang sepatutnya ialah.. ☐ berehat sehingga rasa sakit hilang ☐ menelefon hospital/doktor secepat mungkin dan mengambil 100% dos pekatan faktor ☐ mengambil ubat penahan sakit dan menelefon doktor jika sakit masih berterusan ☐ tidak pasti	C3 C8
8. Bagi pendarahan pada sendi, tujuan rawatan ialah untuk menghalang kerosakan pada sendi. ☐ benar ☐ salah ☐ tidak pasti	C9
9. Sekiranya berlaku kesan sampingan daripada rawatan (cth. merah & gatal-gatal), saya akan…. ☐ meminta bantuan sambil memastikan infusi masih berterusan ☐ hentikan infusi serta-merta dan menelefon hospital untuk mendapatkan nasihat ☐ mengabaikannya ☐ tidak pasti	C12
10. Jika berlaku pendarahan melalui kencing (hematuria), rawatan adalah ☐ mengambil 50% dos dan pergi ke hospital ☐ minum air dengan banyak dan pergi ke hospital dengan segera ☐ tidak tahu	C3 C8
11. Sebelum memulakan infusi… ☐ saya mencuci tangan jika ada masa dan membersihkan kawasan suntikan dengan menggunakan sabun ☐ saya membersihkan kawasan suntikan dan jarum dengan menggunakan alkohol, dan menyediakan *sharps bin* ☐ saya mencuci tangan dengan menggunakan air sabun yang hangat, membersihkan kawasan suntikan dengan menggunakan alkohol, dan menyediakan *sharps bin* ☐ tidak pasti	C11
12. Apabila mencampurkan faktor, saya.. ☐ memeriksa botol dan mula membancuh dengan secepat mungkin supaya infusi dimulakan secepat mungkin ☐ memeriksa tarikh luput, warna produk sebelum & selepas dicampur dan bilangan vial untuk memastikan jumlahnya mencukupi ☐ memeriksa warna produk sebelum & selepas dicampur, dan memulakan infusi ☐ tidak pasti	C11
13. Apabila saya telah menjumpai salur darah yang akan digunakan, saya.. ☐ terus mencucuk jarum ke kulit ☐ membersihkan kulit dengan alkohol atau antiseptik sebelum mencucuk jarum ☐ mencucuk jarum dan kemudian membersihkan kulit serta jarum dengan alkohol ☐ tidak pasti	C11
14. Dalam penyediaan *butterfly needles*… ☐ saya mencucinya dengan menggunakan alkohol ☐ saya menggunakan jarum yang baru dan steril pada setiap kali ☐ seboleh-bolehnya saya menggunakan jarum yang baru ☐ tidak pasti	C11 C6
15. Selepas infusi, jarum dan peralatan lain yang terkena darah & faktor dibuang ke dalam.. ☐ *sharps bin* ☐ tong sampah ☐ tidak pasti	

For Pharmacy Use

16. *Sharps bin* ialah.. C6
- ☐ tong sampah
- ☐ bekas yang tahan tusukan
- ☐ tidak pasti

17. Selepas menggunakan *sharps bin*, saya… C6
- ☐ meninggalkannya dalam keadaan terbuka supaya mudah dan meletakkannya berhampiran dengan saya
- ☐ saya menutupnya dan meletakkannya jauh daripada kanak-kanak dan haiwan peliharaan
- ☐ saya melupuskannya dan mendapatkan *sharps bin* yang baru
- ☐ tidak pasti

18. Apabila saya mempunyai bahan buangan yang tidak tajam (cth. vial atau botol) daripada infusi, saya… C6
- ☐ membuangnya ke dalam beg plastik yang ditutup rapat dan seterusnya ke dalam tong sampah
- ☐ terus membuangnya ke dalam tong sampah
- ☐ menggunakan *sharps bin*
- ☐ tidak pasti

19. Jika orang lain terdedah kepada darah atau faktor saya, saya .. C12
- ☐ mempunyai rancangan yang telah dibincangkan dengan doktor iaitu mencuci tempat yang terdedah dengan air sabun yang hangat dan menelefon pusat hemofilia
- ☐ mengelap kawasan yang terdedah dengan tisu bersih dan membiarkannya jika ia kelihatan baik. Jika ia tidak kelihatan baik, saya akan menelefon pusat hemofilia.
- ☐ akan berasa bimbang buat sementara dan kemudian menelefon seseorang
- ☐ tidak pasti

20. Faktor yang belum digunakan patut disimpan.. C5
- ☐ pada suhu bilik di dalam kabinet ubat berkunci
- ☐ di dalam peti sejuk (2-8^{0}C)
- ☐ di bahagian penyejukbeku dalam peti sejuk
- ☐ tidak pasti

21. Faktor yang telah dibancuh mesti digunakan dalam tempoh…. C5
- ☐ 24-48 jam
- ☐ 12-24 jam
- ☐ 3-12 jam
- ☐ 3 jam
- ☐ tidak pasti

22. Merekod infusi adalah sesuatu yang.. C7
- ☐ jarang saya lakukan
- ☐ saya lakukan apabila ada masa
- ☐ saya lakukan setiap kali
- ☐ tidak pasti

23. Apabila ada simptom-simptom pendarahan, saya mesti mengambil infusi dalam tempoh.. C10
- ☐ hari yang sama
- ☐ 2 jam
- ☐ 5 jam
- ☐ tidak pasti

For Pharmacy Use

24. Untuk menguruskan pendarahan dan kesakitan pada sendi, saya harus.. C4 C15
- ☐ menelefon pusat hemofilia
- ☐ mengambil faktor pembekuan darah, mengaplikasikan R.I.C.E dan mengambil ubat penahan sakit seperti NSAID
- ☐ mengambil faktor pembekuan darah dan mengaplikasikan R.I.C.E
- ☐ tidak pasti

25. Rawatan ais patut digunakan.. C4
- ☐ sehingga rasa sakit hilang
- ☐ untuk 10-15 minit setiap 2 jam
- ☐ untuk 30 minit setiap 6 jam
- ☐ tidak pasti

26. Saya boleh mengambil mana-mana suplemen, herba atau ubat. C15
- ☐ ya
- ☐ tidak
- ☐ hanya jika saya fikir ia selamat untuk diambil
- ☐ hanya jika saya telah periksa terlebih dahulu dengan doktor atau pegawai farmasi
- ☐ tidak pasti

27. Saya patut mengelak daripada menggosok dan memflos gigi kerana ia boleh menyebabkan gusi saya berdarah. C16
- ☐ benar
- ☐ salah
- ☐ tidak pasti

28. Rantai/gelang *medic alert* ialah sesuatu yang C16
- ☐ mesti saya pakai sepanjang masa untuk memastikan orang ramai dan anggota kesihatan tahu saya mempunyai penyakit ini
- ☐ mesti saya pakai apabila melakukan aktiviti berisiko tinggi (cth. sukan) untuk memastikan orang ramai dan anggota kesihatan tahu saya mempunyai penyakit ini
- ☐ perlu saya pakai apabila saya rasa menyukainya
- ☐ saya tidak pasti

29. Dalam keadaan biasa, saya patut mengelak daripada melakukan sebarang aktiviti sukan untuk mengurangkan berlaku pendarahan. C16
- ☐ benar
- ☐ salah
- ☐ tidak pasti

30. Semasa pergi ke tempat yang jauh, saya mesti membawa pekatan faktor pembekuan darah bersama-sama dan memastikan ia disimpan dalam keadaan yang sesuai. C16
- ☐ benar
- ☐ benar hanya jika saya akan melakukan aktiviti berisiko tinggi
- ☐ salah
- ☐ tidak pasti

LIFESTYLE ASSESSMENT

PATIENT NAME : _____

DATE : _____

Impact of hemophilia on lifestyle	**YES**	**NO**
1. Do you do any sports or activities?	☐	☐
2. Have you had bleeds or bruises resulting from any of your sports or activities?	☐	☐
3. Do you give yourself a factor infusion before any of your sports or activities?	☐	☐
4. Are there any activities you avoid so that you don't get a bleed?	☐	☐
	Pls State: _____	

Rate of ease of performing the following activities:

Rating:	**Easy (no restriction)**	**Easy, but with minor restrictions**	**Able with difficulty**	**Unable**
	1	**2**	**3**	**4**
5. Vigorous/moderate sports activities	☐	☐	☐	☐
6. Lifting or carrying groceries	☐	☐	☐	☐
7. Climbing one flight of stairs	☐	☐	☐	☐
8. Climbing stairs more than one flights of stairs	☐	☐	☐	☐
9. Bending/kneeling/stooping	☐	☐	☐	☐
10. Walking: 100 metres	☐	☐	☐	☐
11. Walking: 1 kilometre	☐	☐	☐	☐
12. Walking: > 1 kilometres	☐	☐	☐	☐
13. Bathing and dressing	☐	☐	☐	☐

PENILAIAN GAYA HIDUP

NAMA PESAKIT : _____

TARIKH : _____

Kesan hemofilia terhadap gaya hidup	**YA**	**TIDAK**
1. Adakah anda melibatkan diri dalam apa-apa sukan atau aktiviti?	☐	☐
2. Adakah anda pernah mengalami pendarahan atau lebam disebabkan sukan atau aktiviti anda?	☐	☐
3. Adakah anda mengambil infusi pekatan faktor sebelum apa-apa sukan atau aktiviti anda?	☐	☐
4. Adakah terdapat apa-apa aktiviti yang anda elakkan supaya tidak mengalami pendarahan?	☐ Sila nyatakan: _____	☐

Kadar keupayaan menjalankan aktiviti-aktiviti berikut:

Kadar:	**Mudah (tidak terbatas)**	**Mudah tetapi sedikit terbatas**	**Boleh, tetapi dengan kesukaran**	**Tidak boleh**
	1	**2**	**3**	**4**
5. Aktiviti sukan yang sederhana/sangat lasak	☐	☐	☐	☐
6. Mengangkat atau membawa barangan runcit	☐	☐	☐	☐
7. Menaiki satu tingkat tangga	☐	☐	☐	☐
8. Menaiki lebih daripada satu tingkat tangga	☐	☐	☐	☐
9. Membongkok/melutut	☐	☐	☐	☐
10. Berjalan: 100 meter	☐	☐	☐	☐
11. Berjalan: 1 kilometer	☐	☐	☐	☐
12. Berjalan: > 1 kilometer	☐	☐	☐	☐
13. Mandi dan memakai pakaian	☐	☐	☐	☐

PATIENT ASSESSMENT CHECKLIST

PATIENT NAME : _____

DATE : _____

Status : ☐ **New Patient** ☐ **Existing Patient**

Chapter	Counselling Topics	Assessment (Date)			Assessment Completed		Notes /Need for Recounselling
		Good	Fair	Poor	Initials	Date	
Counselling Part 1							
1	Benefits & Targets of HMTAC						
2	Haemophilia Disease & Treatment: Overview						
3	Identifying Different Types of Bleed & Emergencies Situations: Part I: Overview						
4	R.I.C.E & Pain Management						
5	Storage & Stability of Factor Concentrates						
6	Disposal of Used Devices & Equipments						
7	Haemophilia Kit & Patient Diary: Importance of Maintenance and Methods of Recording						
Counselling Part 2							
8	Identifying Different Types of Bleed & Emergencies Situations: Part II: Detailed						
9	Complications of Haemophilia: Overview						
10	Timeliness of Treatment & Its Importance						
11	Product Preparation & Administration						
12	Adverse Reactions & Complications of Factor Concentrates						
Counselling Part 3							
13	How to Calculate Factor Requirement						
14	Spillage or Breakage						
15	Concurrent Medication/Herbs/ Supplements & Drug Interactions						
16	Lifestyle Modifications						
Counselling Part 4							
17	Haemophilia Inheritance & Carriers: Overview						
18	Compliance & Barriers to Adherence						

Kajian Kepuasan Pesakit HMTAC/HMTAC Patient Satisfaction Survey

A: PROFIL/*PROFILE*

1. Jantina/*Gender*:

☐ Lelaki/*Male* ☐ Perempuan/*Female*

2. Umur/Age: ____ tahun/*years:*

3. Bangsa/*Race*:

☐ Melayu/*Malay* ☐ Cina/*Chinese* ☐ India/*Indian*

☐ Lain-lain, sila nyatakan _____ /*Others (please state)* _____

4. Status perkahwinan/*Marital status*:

☐ Berkahwin/Married ☐ Bujang/*Single*

☐ Duda/Janda/Balu/Divorcee/Widower

5. Tahap pendidikan tertinggi/*Highest educational level:*

☐ Tiada pendidikan formal/
No formal education

☐ Sekolah rendah/
Primary education

☐ Sekolah menengah/
Secondary education

☐ Peringkat diploma & ijazah/
Tertiary education

6. Sektor pekerjaan/*Occupational sector:*

☐ Kerajaan/*Government*

☐ Swasta/*Private*

☐ Bekerja sendiri/*Self-employed*

☐ Tidak bekerja/*Unemployed*

☐ Pelajar/*Student*

☐ Pesara/*Pensioner*

☐ Surirumah/*Housewife*

☐ Lain-lain, sila nyatakan _____/
*Others (please state)*_____

7. Berapa kali mendapatkan khidmat HMTAC/*Number of visits to HMTAC:*

☐ 1 ☐ 2

☐ 3 ☐ >3

B: SOALAN MAKLUMBALAS/*FEEDBACK QUESTIONNAIRE*

Sila tandakan pilihan anda di ruang berkaitan berpandukan skala berikut:
Please tick your choice of answer in the provided space according to the following scale:

1	2	3	4	5
Tidak memuaskan/ *Poor*	**Memuaskan /** *Satisfactory*	**Sederhana/** *Average*	**Baik /** *Good*	**Cemerlang/** *Excellent*

Aplikasi/*Application:*

1. Keberkesanan HMTAC dalam membantu pengurusan pendarahan saya. ☐
   Usefulness of HMTAC in the management of my bleeding.
2. Keberkesanan HMTAC dalam penyediaan dan administrasi faktor. ☐
   Usefulness in the preparation and administration of factors.
3. Keberkesanan HMTAC dalam pengurusan aktiviti seharian dan fizikal. ☐
   Usefulness of HMTAC in the management of my daily life and physical activities.
4. Keberkesanan HMTAC dalam pengurusan masalah berkaitan hemofilia. ☐
   Usefulness in the management of any problem(s) regarding haemophilia.

Kaunseling/*Counselling:*

1. Kesopanan dan sikap professional ☐
   Courtesy and professionalism
2. Ketepatan dan kelengkapan informasi ☐
   Accuracy and completeness of information
3. Masa menunggu ☐
   Waiting time

Persekitaran/Environment

1. Keadaan/*Condition* ☐
2. Kebersihan/*Cleanliness* ☐
3. Kemudahan/*Facilities* ☐
4. Kemudahan akses/*Accessibility* ☐

Secara keseluruhannya, apakah penilaian anda terhadap tahap perkhidmatan yang disediakan oleh HMTAC?
Overall, how would you rate the services provided by HMTAC?

Komen dan/atau cadangan:
Additional comment(s) and/or suggestion(s):

_____

_____

HAEMOPHILIA MEDICATION THERAPY ADHERENCE CLINIC (HMTAC)
FLOW CHART