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**BLADDER AND BOWEL QUESTIONNAIRE**

May child was potty trained at years old.

My child has has not been dry for 6 months since being potty trained.

Does your child wet during the day? No Occasionally 1-2 days/week 3-5 days/week 6-7 days/week 1-2 times per day Always

How wet is your child during the day? Damp underwear Damp pants Soaked

My child’s wetting is increased by giggling, coughing, sneezing, jumping. Yes No

Does your child wet during the night? No 1-2 nights/week 3-6 nights/week 6-7 nights/week

How wet is your child during the night? Damp underwear Damp sheet Sheets soaked

How many times per day does your child urinate? 3 or less 4-8/day 9 or greater

My child rushes to get off the potty. Sometimes Yes No

My child strains during urination. Sometimes Yes No

My child complains of pain with urination. Sometimes Yes No

My child has an intermittent (not continuous) stream. Sometimes Yes No

My child needs to go back to the bathroom shortly after urinating. Sometimes Yes No

My child has an urgent feeling of having to urinate immediately. Sometimes Yes No

My child holds his/her urine and does the potty dance, crosses leg, grabs genitalia Sometimes Yes No

My child wets on the way to the toilet. Sometimes Yes No

My child dribbles after urinating. Sometimes Yes No

My child has a weak stream. Sometimes Yes No

My child has had urinary tract infections. Yes No

My child complains of abdominal pain or genital pain. Sometimes Yes No

My child has a bowel movement every day. Yes No

My child has large, hard stools. No On Occasion Frequently

My child has trouble with constipation. Sometimes Yes No

My child has stool staining in his/her underwear, leaks stool. Sometimes On occasion Frequently

My child drinks/or eats sodas, tea, kool-aid, chocolate. Sometimes Yes No

My child is overweight, and has difficult sleeping, has snoring, fatigue, or daytime somnolence Yes No

My child has been given medication or treatment in the past for their wetting. Yes No

 If yes;

 name of treatment dosage last date taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is a family history of bedwetting, urine accidents, or surgery of the urinary system Yes No

**Psychosocial**

**Circle all that apply:**

Do any of the above symptoms affect your child’s family/social/school life?

Yes No

Has your child experienced something stressful such as a new baby, new home, new school, school problems, abuse, home problems (divorce/death), special event (birthday), accident/injury? Yes No

Does your child have: ADHD, Autism, Conduct Disorder, Depression, Anxiety, Phobias? Yes No

Is our child restless, constantly moving, easily distracted, impulsive, aggressive, anxious? Yes No

Is your child sad, unhappy, withdrawn? Yes No

Has your child lost interest in playing, seeing other children? Yes No

Does your child have trouble eating or sleeping? Yes No

Does your child have problems with school or other areas? Yes No

Does your child have fears/anxieties towards objects, animals, strangers, groups, when you are away or without apparent reason? Yes No

Is your child distressed about wetting? Yes No

Are you distressed about your child’s wetting? Yes No

Does your child’s wetting increase with stress or need for attention? Yes No