



**Wetting and Soiling Questionnaire**

Child's Name _____	DOB: _____
Current medications: _____	Drug allergies: _____

1. Is your child toilet trained?  Yes  No
2. At what age was he/she toilet trained? Age \_\_\_\_\_ Do not know

**DAYTIME URINATING/VOIDING/PEEING HABITS**

1. Does your child have wetting accidents during the day?  Yes  No  
 If yes, is underwear/clothing:  Damp  Soaked
2. Is your child's underwear wet:  before voiding  after voiding  both
3. Does your child need to be reminded to urinate during the day?  Yes  No
4. How long can your child hold their urine during the day and stay dry?  
 less than one hour  1 to 2 hours  2 to 3 hours  greater than 4 hours
5. If less than 2 hours, how many times do they go in 2 hours? \_\_\_\_\_
6. Does your child urinate within 30 minutes after waking up?  Yes  No
7. Does he/she urinate at school?  Yes  No How many times? \_\_\_\_\_
8. Does your child squat, cross his/her legs, squirm or wiggle when they need to use the bathroom?  Yes  No
9. Does your child urinate just before bedtime?  Yes  No

**NIGHTTIME URINATING/VOIDING HABITS/BEDWETTING**

1. Does your child wet the bed at night?  Yes  No  
 If yes, how often?  everyday  3-6 nights per week  less than 3 nights per week
2. Is your child motivated to get dry?  Yes  No
3. Has your child been dry at night for more than 12 months?  Yes  No
4. What is the longest period of dry nights in a row?  1 week  1-4 weeks  1-6 months  greater than 6 months
5. Does your child wear pull-ups at night?  Yes  No  
 If yes, does your child soak through the pull-ups/barrier sheet?  Yes  No
6. What methods have you used to stop the bedwetting?
- Medications  Yes  No If yes, which ones?  
 Ditropan (Oxybutynin)  DDAVP (Desmopressin)  Detrol (tolterodine)  Imipramine
  - Nighttime waking  Yes  No Bedwetting alarm  Yes  No
  - Fluid Restrictions  Yes  No Rewards or punishment  Yes  No
  - Other (please describe) \_\_\_\_\_
7. Is there a family history of bedwetting?  Yes  No

**Has your child ever had any x-rays, ultrasounds, or other studies?**

**If yes, please describe:** \_\_\_\_\_