



Enuresis assessment questionnaire

Chart 1: Drinking and toileting assessment

Please fill this in for one week **prior** to completing the enuresis assessment questionnaire **Bring your completed assessment to your child's first clinic appointment.** Thank you.

Child's name:	Date of birth:	Date assessment started
Drinks: Record how many cups of fluid were drur	nk? (1 cup = 250mls)	
Toileting: Record how many times each day your	r child passed urine and/or opened thei	r bowels? (Write in B for opening bowels, U for passing urine)

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Drinks	Toileting	Drinks	Toileting	Drinks	Toileting	Drinks	Toileting	Drinks	Toileting	Drinks	Toileting	Drinks	Toileting
Breakfast														
Mid morning														
Lunch														
After school														
Tea time														
Bedtime														
Night time (wet bed(Y)and at what time?)														