

Enuresis assessment questionnaire

Bring your completed assessment to your child's first clinic appointment. Thank you.

Child's name: Date of birth: GP:
 Phone number: School:
 Address:

	Please YES	tick: NO
Day time wetting		
Night time wetting. How many nights a week does your child wet their bed?		
Soiling (stools)		
Constipation. How many times a week does your child empty their bowels?		
Passes urine more than seven times a day		
Sense of urgency/needs to dash to toilet		
Passes small amounts of urine each time		
Is the size of the wet patch in bed usually small/variable?		
Wakes up after wetting the bed		
Wets soon after going to sleep		
Is the size of the wet patch in bed usually large?		
Pale coloured urine in the first morning urine		
Will wake occasionally at night to pass urine		
Will wake, but avoids going to the toilet		
Will wake to external sounds		
Will wake when poorly or excited		
Wet patch in bed is usually towards the morning		

Measure bladder capacity

We also need you to measure the volume of your child's urine at different times of the day over a week. To do this:

- When your child **feels** that their bladder is full, ask them to pass urine into a measuring jug (please avoid the first passing of urine of the morning)
- This must be when **they** need to pass urine, not when you want them to do it
- Make a note of the volume of urine in millilitres (mls)
- Take four to five measures during one week – taken at different times of the day
-

Time of passing urine	Volume of urine in millilitres