MultiCare
Mary Bridge Children's Hospital & Health Center

Voiding History Form

These questions help the doctor understand your child's condition better. If you don't understand a question, just leave it blank, and the doctor will explain it to you.

Please check yes or no for these questions:

	✓Yes	✓No
Does your child squat, cross his or her legs, or sit in an unusual position before going to the toilet?		
Does your child try to avoid going to the toilet at home?		
Does your child try to avoid going to the toilet outside of home?		
Does your child have wet underwear BEFORE going to the toilet?		
Does your child have wet underwear AFTER going to the toilet?		
Does your child drink a lot of liquids after dinner?		
Does your child drink beverages which contain caffeine, such as colas, coffee or tea?		
Has your child EVER taken medication for wetting?		
Has your child EVER had a urinary tract infection?		
Has your child EVER had an ultrasound of the kidneys?		
Has your child EVER had a head injury?		
Does your child have constipation once a week or more?		
Do you have trouble waking up your child?		
Does your child wake up when he or she needs to urinate?		
When your child urinates, does the urine stream look unusual?		
Did your child's mother wet the bed when she was a child?		
Did your child's father wet the bed when he was a child?		
(Girls only) Does your child spread her legs widely when sitting on the toilet to urinate?		
(Girls only) Does your child lower her panties all the way to her ankles when urinating in the toilet?		

Has your child had any of these symptoms in the last month? Check yes or no.

	✓Yes	✓No
Snoring		
Large tonsils		
Abdominal pain or stomach ache		
Constipation		
Soiling clothes with stool (poop)		
Pain when passing stool (poop)		
Painful urination		
Sleepwalking		

Please tell about any other children you have:

	Age now	Sex	Age when toilet trained	Did he or she wet the bed?	Did he or she have daytime wetting?	Did he or she have urinary infections?
1		☐ Male ☐ Female		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No
2		☐ Male ☐ Female		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No
3		☐ Male ☐ Female		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No
4		☐ Male ☐ Female		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No
5		☐ Male ☐ Female		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No
6		☐ Male ☐ Female		☐Yes ☐ No	☐Yes ☐ No	☐Yes ☐ No

Please answer the rest of the questions <u>only if</u> your child wets the bed or wets his or her clothes during the day.

Does your child have wetting:

- ☐ Only during the day?
- ☐ Only at night?
- ☐ Both day and night?

After toilet training, did your child stay dry for a few weeks or months?

☐ Yes, my child stayed dry for a few weeks or months,
but then started wetting the bed again.

☐ No, my child has always been wetting the bed.

During a typical month, how many nights does your child stay dry all night? _____

What is the longest number of nights in a row that your child stayed dry? _____

How old was your child when you STARTED toilet training him or her? _____

Has there been a **major change** in your child's life recently, such as moving, changing schools, parents separating, a new baby, etc.? ☐ Yes ☐ No

If yes, explain:

Have you tried any treatments for bedwetting before? ☐ Yes ☐ No

If yes, please describe the treatments:

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