



ROCKY MOUNTAIN
Pediatric
Urology, P.C.

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Name: _____

Date: _____

VOIDING & STOOLING QUESTIONNAIRE

Please discuss these questions *with your child* and complete this form ***BEFORE*** coming for your appointment. **OBSERVE YOUR CHILD'S BEHAVIOR OVER AT LEAST A ONE WEEK TIME PERIOD.**

1. How many times, per day, do you go to the bathroom to void (urinate)? _____
2. How many times do you go to the bathroom to void at school?
(Talk to teachers if you need to!) _____
3. Any wetting? (Check ALL that apply): DAYTIME: YES ___ NO ___
When: At Home? ___ In School ___ On trips/in the car? ___
Nigh/during sleep YES ___ NO ___ How may nights per week? _____

Over the last month:

- | | YES | NO | SOMETIMES |
|------------------------------------------------------------------------------------------------|-----|----|-----------|
| 4. I hold as long as I can before I go to the bathroom..... | | | |
| 5. I can hold my urine by crossing my legs,
Squatting or doing the "pee dance" | | | |
| 6. It hurts when I have to the bathroom to urinate..... | | | |
| 7. When I have to urinate, I cannot wait, even if I just
finished a few minutes before..... | | | |
| 8. I have wet clothes/underwear during the day..... | | | |
| 9. I have a bowel movement (poop) every day..... | | | |
| 10. I have to push for my bowel movement to come
out – sometimes it hurts..... | | | |
| 11. My bowel movements are: | | | |
| a. Small like grapes..... | | | |
| b. Hard like meatballs..... | | | |
| c. Large and soft like
bananas..... | | | |