Mars Clinic
Children's Continence Clinic
www.marsclinic.com.au

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Mars Clinic Questionnaire

Urinary

Thank you for completing this questionnaire, which has been designed to provide information on your child's bladder and bowel condition. If your child is older, you may wish to complete this questionnaire with them. Teenagers may choose to complete the questionnaire independently.

Please complete the questionnaire and return (via email, fax or post) *at least 2 days before your physiotherapy appointment*, to the appropriate location as listed above.

Date: _____/_____/_____

Child's Name: _____ D.O.B_____/_____/_____

Parent's Name: _____

School: _____ School Tel: _____

School Teacher's Name: _____

School Principal's Name: _____

1. Day-time Wetting		
Does your child wet himself/herself during the day?	Yes ☐	No ☐ > **Q2**
Has your child ever been dry during the day? If yes, at what age was your child dry during the day? _____ For how long? _____ (weeks/months/years)	Yes ☐	No ☐
How many days per week does your child wet his/her clothing during the day? _____ (days per week)		
How many times per day does your child wet his/her clothing, during the daytime? _____ (times per day)		
If your child wets his/her clothing, is the clothing usually:	Damp ☐	Soaked ☐
Does urine dribble constantly?	Yes ☐	No ☐
Does your child wet his/her clothing immediately after having gone to the toilet?	Yes ☐	No ☐
Does your child notice when he/she is wet?	Yes ☐	No ☐

2. Night-time Wetting		
Does your child wet himself/herself during the night?	Yes ☐	No ☐> **Q3**
Has your child ever been dry during the night? If yes, at what age was your child dry during the night? _____ For how long? _____ (weeks/months/years)	Yes ☐	No ☐
How many nights per week does your child wet his/her clothing during the night? _____(nights per week)		
How many times per night does your child wet his/her clothing, during the night? _____(times per night)		
If your child wets his/her clothing/bed, is the clothing/bed usually:	Damp ☐	Soaked ☐
Does your child wake up to go to the toilet?	Yes ☐	No ☐
Does your child wake after wetting the bed?	Yes ☐	No ☐
Is your child a deep sleeper?	Yes ☐	No ☐

3. Family History		
Has any other family member had problems with wetting?	Yes ☐	No ☐> **Q4**
If yes, who and when and at what age did it stop? (see below)		
Family member: _____When_____ Stopped_____	Day ☐	Night ☐
Family member: _____When_____ Stopped_____	Day ☐	Night ☐
Family member: _____When_____Stopped_____	Day ☐	Night ☐

4. Toileting Habits		
How many times per day does your child urinate (on average)? _____ (times per day)		
How long can your child manage without going to the toilet? _____ (hours)		
Does your child go to the toilet himself/herself if he/she needs to?	Yes ☐	No ☐
Do you have to send your child to the toilet?	Yes ☐	No ☐
If your child wants to urinate, does he/she have to strain at the beginning or the end of voiding?	Yes ☐	No ☐
When your child voids, is the stream interrupted?	Yes ☐	No ☐
Does your child hurry and not take enough time for voiding?	Yes ☐	No ☐

5. Observations		
Does your child feel a sudden urge to go to the toilet?	Yes ☐	No ☐
When your child needs to void, does he/she have to rush to the toilet immediately?	Yes ☐	No ☐
Does your child try to prevent wetting, for example, by crossing his/her legs, squatting or sitting on his/her heels	Yes ☐	No ☐
Does your child try to postpone going to the toilet as long as possible? If yes, in what situation/s? _____ _____	Yes ☐	No ☐

6. Urinary Tract Infections		
Has your child ever had a urinary tract infection? If yes, how many times? _____ At what age/s? _____	Yes ☐	No ☐> **Q7**
Has your child had a urinary tract infection with fever?	Yes ☐	No ☐
Has your child been treated for an illness of the urinary tract? If yes, please specify: _____ When was your child's most recent urinary tract infection? _____	Yes ☐	No ☐

7. Bowel Habits		
Does your child move his/her bowels daily? If not, how many times per week? _____(times per week)	Yes ☐	No ☐
Is your child regularly constipated?	Yes ☐	No ☐
Does your child soil his/her underwear?	Yes ☐	No ☐> **Q8**
Has your child previously had complete bowel control? If yes, at what age? _____ For how long? _____ (weeks/months/years)	Yes ☐	No ☐
Does your child soil his/her underwear during the *day*? If yes, is the amount: small (smear) ☐ large (stool) ☐ how often?: _____(times per day/week/month) Does the soiling occur in particular situations? If yes, please specify: _____ _____	Yes ☐	No ☐
Does your child soil his/her underwear during the *night*? If yes, is the amount: small (smear) ☐ large (stool) ☐ how often?: _____(times per day/week/month)	Yes ☐	No ☐

8. Wetting Behaviour		
Is your child distressed by the wetting?	Yes ☐	No ☐
Are you distressed by the wetting?	Yes ☐	No ☐
Has your child been teased because of the wetting?	Yes ☐	No ☐
Does your child avoid activities because of the wetting?	Yes ☐	No ☐
Does your child wet more often during stressful times?	Yes ☐	No ☐
Is your child cooperative and motivated for treatment?	Yes ☐	No ☐
If your child was previously dry, can you think of an event that might be associated with the relapse? If yes, please specify: _____ _____ _____	Yes ☐	No ☐
What, in your opinion, is the reason for the wetting? _____ _____ _____		

9. General Behaviour		
Does your child have difficulty accepting rules?	Yes ☐	No ☐
Is your child restless, always on-the-go, easily distracted?	Yes ☐	No ☐
Does your child have difficulty concentrating?	Yes ☐	No ☐
Is your child sometimes anxious?	Yes ☐	No ☐
Is your child sometimes sad, unhappy or withdrawn?	Yes ☐	No ☐
Does your child have problems at school? If yes, please specify: _____ _____ _____	Yes ☐	No ☐
Does your child have problems in other areas? If yes, please specify: _____ _____ _____	Yes ☐	No ☐

Visual Analogue Scales

Initial Assessment

Date: _____

1) In your opinion, how wet is your child:

0 1 2 3 4 5 6 7 8 9 10

Dry all the time *Wet all the time*

2) How much do you think your child's wetting impacts on his/her quality of life?

0 1 2 3 4 5 6 7 8 9 10

Not at all *In every aspect of life*

3) How much impact do you think your child's wetting has on your own quality of life?

0 1 2 3 4 5 6 7 8 9 10

Not at all *In every aspect of life*