

**Date:**  
**Patient name:**  
**Patient DOB:**  
**Male / Female (circle)**



### **Paediatric Bladder/Bowel Dysfunction Questionnaire**

Please read the question and circle the answer which fits how your bladder and bowel behave most of the time.

**1. I wee in my underwear during the day**

Never            1 day/week        2-3days/week        4-5days/week        Everyday

**2. When I wee in my underwear, the underwear is -**

I don't wee in my underwear    Almost dry            Damp                    Wet                    Soaked

**3. In a normal day, I go to the toilet to wee -**

1-2 times            3-4 times            5-6 times            7-8 times            More than 8 times

**4. I feel that I have to rush to the toilet to wee-**

Never            Less than half the time        Half the time        More than half the time        Everyday

**5. I hold my wee by crossing my legs or sitting down-**

Never            Less than half the time        Half the time        More than half the time        Everyday

**6. It hurts when I wee -**

Never            Less than half the time        Half the time        More than half the time        Everyday

**7. I wet my bed at night -**

Never            3-4 nights/month        1-2 nights/week        4-5 nights/week        Everyday

**8. I wake up to wee at night**

Never            3-4 nights/month        1-2 nights/week        4-5 nights/week        Everyday

**9. When I wee, it stops and starts -**

Never            Less than half the time        Half the time        More than half the time        Everyday

**10. I have to push or wait to see for my wee to start -**

Never            Less than half the time        Half the time        More than half the time        Everyday

**11. I have bowel motions (I do a poo) -**

More than once a day    Everyday    Every other day    Every 3 days    More than every 3 days

