

## Enuresis Questionnaire

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Person completing questionnaire \_\_\_\_\_ Relationship \_\_\_\_\_

**Please circle the appropriate choice Y= Yes, N = No, DK = do not know**

1. Did you child ever have dry beds? If so when did he/she begin wetting the bed? Y N DK
2. Did some frightening or upsetting event happen before your child began bedwetting?  
If so, what happened and when Y N DK
3. At what age did you child have complete bowel control? \_\_\_\_\_
4. Is your child constipated frequently or does your child have irregular, hard bowel movements? Y N DK
5. Is there any stool soiling? Y N DK
6. Does your child wet during the daytime also?  
If so, how often? Y N DK
7. Does your child have the feeling that he/she is dribbling during the day? Y N DK
8. Does your child have the feeling that they must get to the bathroom immediately when  
they feel the urge to go? Y N DK
9. How often does your child go to the bathroom during the day? \_\_\_\_\_
10. How many nights a week does your child have a dry bed? \_\_\_\_\_
11. Is your child aware of any special time he/she is certain the they will wet the bed?  
If so, when? Y N DK
12. Does your child ever fall asleep suddenly during the daytime? Y N DK

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13. Does anyone tease your child about wet beds?  
If so, when? Y N DK
14. Do you punish your child for bedwetting? Y N DK
15. Does your child have any allergies such as hay fever, eczema, asthma, food or drug intolerance? If so, which ones and for how long? Y N DK
16. Did you child have any allergies when younger which have since disappeared?  
If so, which ones and when? Y N DK
17. Does your child take any medication at any time for any reason?  
If so, which ones, when and how often? Y N DK
18. Do any of the child's siblings wet the bed at night?  
If so, who and at what age? Y N DK
19. Did either parent – or other relative – have a bed-wetting problem?  
If yes, please indicate who and until what age. Y N DK
20. Do any of the child's siblings have allergies now or in the past?  
If so, who and what allergies? Y N DK
21. Who washes the wet bedding?
20. Have you tried any treatment plans to cure bedwetting?  
If so, what plan and when? Y N DK
22. Does your child drink anything containing caffeine? Y N DK

Thank-you for completing this form!

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