

# Paediatric Bladder Function Questionnaire

Patient's name:

DOB:

Male/Female (circle)

Please read the question and then tick the box 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 corssing 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

12. My stool (poo) is hard -

—————  —————  —————  —————

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

13. I have poo accidents in my underwear

—————  —————  —————  —————

Never                  1-2 times/week                  3 times/week                  4-5 times/week                  Everyday

14. How easy was it to answer these questions?

—————  —————  —————  —————

Very easy                  Easy                  Neither easy or difficult                  Difficult                  Very difficult