

## KgKS Clinical questionnaire

Please take your time to read through this questionnaire with your child and complete it. We will of course talk to you about any remaining questions when we meet 😊

**Surname:** \_\_\_\_\_ **First names:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
completed on: \_\_\_\_\_ by  mother  father  other \_\_\_\_\_

**with the participation of the child concerned:**  no  yes

### Night-time bedwetting – think back over the last four months

- |  |                          |  |                          |    |
|--|--------------------------|--|--------------------------|----|
| My child is dry at night.                            | <input type="checkbox"/> | yes. for _____ years                           | <input type="checkbox"/> | no |
| In the time between episodes my child was dry.       | <input type="checkbox"/> | yes. for _____ months at the age of _____      | <input type="checkbox"/> | no |
| My child goes to the toilet at night by him/herself. | <input type="checkbox"/> | yes. Regularly                                 | <input type="checkbox"/> | no |
| It is hard to wake my child up.                      | <input type="checkbox"/> | yes. It is hardly possible to wake him/her up. | <input type="checkbox"/> | no |
| The amount of urine produced for the child is small  | <input type="checkbox"/> | yes. only the pyjama trousers are damp.        | <input type="checkbox"/> | no |
| The bedwetting takes place in several portions/      | <input type="checkbox"/> | yes. at least _____ times                      | <input type="checkbox"/> | no |
| My child does not wear a diaper/nappy                | <input type="checkbox"/> | yes.   | <input type="checkbox"/> | no |

### Uncontrolled daytime urination – think back over the last four months (even just a few drops in the underwear count!).

- |   |                          |  |                          |    |
|---|--------------------------|--|--------------------------|----|
| My child is dry during the day.   | <input type="checkbox"/> | yes. for _____ years   | <input type="checkbox"/> | no |
| In the time between episodes my child was dry.  | <input type="checkbox"/> | yes. for _____ months at the age of _____  | <input type="checkbox"/> | no |
| The uncontrolled urine amount is small  | <input type="checkbox"/> | yes., only the underwear as damp   | <input type="checkbox"/> | no |
| Uncontrolled urination only occurs after going to the toilet.                             | <input type="checkbox"/> | yes, as if it dribbles   | <input type="checkbox"/> | no |
| Desire to urinate, is sudden like lightning   | <input type="checkbox"/> | yes, a matter of seconds   | <input type="checkbox"/> | no |
| Uncontrolled urination occurs typically when my child is stopped from going to the toilet | <input type="checkbox"/> | yes, a typical situation: (e.g. when playing, watching T.V. using the computer etc.) | <input type="checkbox"/> | no |
| My child notices when he/she has wet him/herself  | <input type="checkbox"/> | yes  | <input type="checkbox"/> | no |
| I have often observed urine retention strategies, (squatting, crossing legs, heel seat)   | <input type="checkbox"/> | yes, a total of _____ time(s)  | <input type="checkbox"/> | no |

### Urinary Tract infections (bladder of kidney infections)

- |   |                          |                            |                   |                          |    |
|---|--------------------------|----------------------------|-------------------|--------------------------|----|
| In the last few years bladder or kidney infections were confirmed in my child | <input type="checkbox"/> | yes a total of _____ times | most lately _____ | <input type="checkbox"/> | no |
| He/she ran a temperature at the same time                                     | <input type="checkbox"/> | yes a total of _____ times | most lately _____ | <input type="checkbox"/> | no |

**Bowel evacuation/stool smear/faecal leakage – think back over the last four months**

My child says it hurts when defecating  yes  no

There is stool smearing or faecal leakage  yes, some \_\_\_\_\_ times per week  no

**Family**

I know of members of the family who have taken longer to stop wetting themselves  yes, who: \_\_\_\_\_ up to the age of \_\_\_\_\_  no

Which household does the child live in?  parents  mother  father  other \_\_\_\_\_  no

How many brothers and sisters does your child have? brothers \_\_\_\_\_ sisters \_\_\_\_\_

Does your child attend nursery school, school, day care centre.

**Treatment and tests up to now**

My child is already being tested and/or treated for bedwetting  no  yes, by a paediatrician, urologist, psychiatrist, GP, psychologist, alternative medicine practitioner, other \_\_\_\_\_  
(mark as appropriate)

**My child is already being treated with one of the following medicines.**

Oxybutynin (e.g. Dridase®)  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

Propiverin (e.g. Mictonetten®)  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

Desmopressin (e.g. Minirin®)  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

Other \_\_\_\_\_  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

**Treatment without medicine**

Alarm pants, wake up device etc.  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

Change of drinking habits  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

Psychotherapy  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

Alternative medicine  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

Other \_\_\_\_\_  no  yes, from \_\_\_\_\_ to \_\_\_\_\_ success:  no  yes

**Health/Development/Behaviour**

My child snores  no  yes  don't know

My child has physical or mental health problems  no  yes  don't know

yes, I would like to talk about them  don't know

- My child is a late talker or developer physically  no  yes  don't know
- My child is easily distracted  no  yes  don't know
- My child is fidgety  no  yes  don't know
- My child shows a lack of concentration  no  yes  don't know
- My child shows, uncontrolled, impulsive behaviour  no  yes  don't know
- My child reacts with aggressive defiant contrary behaviour.  no  yes  don't know
- My child has a problem following the rules.  no  yes  don't know
- My child is anxious (e.g. in certain situations, around certain people).  no  yes  don't know
- My child is sad, unhappy, withdrawn or he/she avoids contact with others  no  yes  don't know
- My child is not doing well academically at school.  no  yes  don't know
- My child is motivated and willing to cooperate.  no  yes  don't know

**Question to the child/adolescent**

- Have you ever been touched in a way that you have not wanted?  no  yes  don't know
- yes, would I or my parents like talk about it?  don't know

**Trigger**

- I can well imagine there are definite reasons for the uncontrolled urination  no  yes, the following
- yes, I would like talk about it

**How much psychological stress does this put you under 1 = none at all 5= very great**

**Question for the parents:** How much does the uncontrolled urination bother you? 1  2  3  4  5

**Question for the child /adolescent:** How much does the uncontrolled urination bother you? 1  2  3  4  5