

CHILDREN'S CONTINENCE CENTER
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ELIMINATION HISTORY

CHILD'S NAME: _____ DATE: _____
 Person Completing Form/Relationship: _____

Please answer the following questions about your child's voiding (peeing) and bowel movement (pooping) patterns.

1. How old was your child when potty training started? _____
 How old was your child when they were dry during the day? _____
 How old was your child when they were dry through the night? _____
 How old was your child when they could control bowel movements? _____

2. Has your child had any of the following:	NO	YES	Continues to have
a. Daytime wetting only during naps	j m	i m	i _____
b. Daytime wetting before getting to the toilet	j m	i	i _____
c. Daytime wetting after going to the toilet	j m	j m	i _____
d. Daytime wetting without knowing they need to void	i	i	i _____
e. Dribbling after voiding	j m	i	i _____
f. Stream is weak, dribbles	j m	i	i _____
g. Strains (pushes with belly muscles) to empty bladder	j m	i	i _____
h. Boys—stream shoots straight up or goes off to one side	j m	i	i _____
i. "Dances", crosses legs, squats down, grabs self, stands or sits very still when needing to go to the bathroom	i	i	i _____
j. Needs to void _____ <small>m more than 1x every hour m every hour m every 2 hours m every 3-4 hours</small> <small>m less than 1x every 4 hours m less than 1x every 6-8 hours</small>			
k. Runs back to the bathroom 5-15 minutes after voiding	i	i	i _____
l. When needing to void, has to go "right now!"	j m	i	i _____
m. Does not like to go to public restrooms (school, restaurant, store, etc)	j m	i	i _____
n. Goes to the bathroom several times right before going to sleep	i	i	i _____
o. Wets the bed at night	j m	i	i _____
p. Wakes up after wetting the bed	j m	i	i _____
q. Wakes up to go the bathroom	j m	i	i _____
r. Goes to the bathroom to void first thing in the morning after waking	j m	i	i _____
s. Has a bowel movement every day	j m	i	i _____
t. Bowel movements are _____ <small>m soft m hard</small> <small>m balls, pellets m lumpy logs m smooth logs</small> <small>m small amount m normal size m large for child's body</small>			
u. Complains of belly pain a lot	j m	m i	i _____
v. "Holds" bowel movements	j m	m i	i _____
w. Has stool accidents in underwear	j m	m i	i _____
x. Has lots of gas	j m	m i	i _____

Adapted from the National Kidney Foundation Voiding History Questionnaire