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Name:_____

VOIDING & STOOLING QUESTIONNAIRE

Please discuss these questions *with your child* and complete this form BEFORE coming for your appointment.

1. How many times, per day, do you go to the restroom to void (urinate)? _____
2. How many times do you go to the bathroom to void at school? _____
3. Does the wetting happen at: (check ALL that apply) Home_____ School_____

   _____Shopping On trips/in the car_____ Relative/friend's home_____

Over the last month:	**YES**	**NO**	**SOMETIMES**
4. I hold as long as I can before I go to the bathroom			
5. I can hold my urine by crossing my legs, squatting or doing the 'pee dance'			
6. It hurts when I go to the bathroom to urinate			
7. When I have to urinate, I cannot wait, even if I just finished a few minutes before			
8. I have wet cloths/underwear during the day			
9. I have a bowel movement ("poop") every day			
10. I have to push for my bowel movement to come out - sometimes it hurts.			

11. My bowel movements are:
    a. Small like grapes
    b. Hard like meatballs
    c. Large and soft like bananas