

NOCTURNAL ENURESIS QUESTIONNAIRE

Nocturnal enuresis means urinating, wetting or “peeing” in the bed at night. Your answers to the following questions about this problem will help me to understand how best to help you with it.

These questions are about you, the patient. Parents or guardians and children/adolescents can complete this form together. Circle, check or write in the answer that best tells about you.

Young person's name _____

Preferred or nickname _____

Special pronunciation _____

Birth date _____ Today's date _____

Person helping to complete this form _____

1. How old were you when you started urinating in the toilet during the day?
_____ years

2. How many nights each week do you *usually* stay dry? 0 1 2 3 4 5 6

3. What is the longest you have ever been dry every night in a row? (Write in a number.)

a. _____ Days b. _____ Weeks c. _____ Months

4. Please check any and all of the following ways you have ever used to stay dry at night. Circle any of them you are using now.

____ Diaper or “Pull-up”

____ Hypnosis

____ Drinking little or less after dinner

____ Keeping “Dry Night” calendar

____ Alarm Clock wakes at night

____ Parent wakes at night

____ Accupuncture/Accupressure

____ Punishment for wet nights

____ Trying to remember to keep dry

____ Rewards for dry nights

____ Enuresis Alarm (Device that makes noise/vibrates when wet):

Brand Name of Device _____

5. Have you ever used any of these medicines to treat enuresis? (Check all that apply)

- ☐ Imipramine (Tofranil) Dose: _____
☐ Desmopressin (DDAVP) Dose: _____
☐ Oxybutinin (Ditropan) Dose: _____
☐ Homeopathic medicine
☐ Herbal Substance: _____
☐ Other: _____

6. Do you sometimes drink caffeinated drinks (soda, tea, coffee) during or after dinner?

☐ Yes ☐ No

7. When you need to urinate during the day, do you have to go right away ☐ Yes ☐ No

8. Do you sometimes urinate in your clothes by accident during the day? ☐ Yes ☐ No

If "Yes" how many times each week? 1 2 3 4 5 6 7 more than 7

9. Do you sometimes have a bowel movement (BM, "poop") in your clothes by accident during the day? ☐ Yes ☐ No

If "Yes" how many times each week? 1 2 3 4 5 6 7 more than 7

10. Is it hard for you to have a bowel movement most days? ☐ Yes ☐ No

11. Do you take any medicine to help you have bowel movements most days? Yes No

If "Yes," what medicine(s)? _____

12. Do you have any other medical or health problems? ☐ Yes ☐ No

If "Yes," please check all that apply

- ☐ Learning problems
☐ Attention Deficit Disorder (ADD, ADHD)
☐ Diabetes
☐ Constipation
☐ Kidney/bladder problems
☐ Bladder infections
☐ Allergies: to what?
☐ Sleep problems
☐ Seizures
☐ Something else:

13. Do you take any other medicines? ☐ Yes ☐ No

If "Yes," what medicine(s): _____

14. Did either of your parents, or any uncles, aunts or cousins have enuresis as a child?

___ Yes ___ No

If "Yes," who:

___ Mother

___ Father

___ Sister

___ Brother

___ Cousin

___ Aunt (Mother's Side)

___ Uncle (Mother's Side)

___ Aunt (Father's Side)

___ Uncle (Father's Side)

15. Is enuresis a problem for you? ___ Yes ___ No

If "Yes," check all reasons why it is a problem that fit for you, circle the most important one.

___ Can't do sleep-overs

___ Embarrassing on vacations

___ Have to wash my sheets/pajamas a lot

___ Getting teased

___ Parents are upset

___ Don't like wearing diapers

___ Can't get a new bed

___ Don't feel good about myself

___ Something else:

Thank you for answering these questions. If there is more you want us to know, please write it here. If there are questions you want to make sure we answer for you, please write them here.
