



# URINARY INTAKE SHEET



Office Visit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Daytime Urination/Voiding

My child was potty trained at age: \_\_\_\_ years old

Does your child wet their underwear during the day?  Yes  No

If yes, do they have: (Please check all that apply)

- Soaked pants
- Damp underwear
- Variable (Both)

Number of times per week they wet: \_\_\_\_ out of 7

When did your child start wetting? Age: \_\_\_\_ years old

Does your child ever have a "dry day?"  Yes  No

How many times a day does your child pee? \_\_\_\_ per day

Does your child often have to go pee again right after they just went?  Yes  No

When do they usually have the accidents? (Please check all that apply)

- On the way to the bathroom
- Just after peeing
- I don't know when

Does your child do any of the following? (Please check all that apply)

- Running to the bathroom
- Wiggling
- Urine holding
- Crossing their legs
- Squatting
- Doing the "pee pee dance"

**Daytime Urination/Voiding Continued**

When your child pees is it a:

- Small amount
- Large amount
- Variable amount

What does the stream look like?

- Strong
- Continuous
- Intermittent
- Dribbling/drip
- Upward deflection

What has been tried to stop daytime wetting:

- Toilet schedule
- Potty watch
- Setting a timer
- Reward systems/star chart

**Bedwetting**

Any family history of wetting the bed at an older age?  Yes  No      If yes, who? \_\_\_\_\_

At what age did the bedwetting stop? \_\_\_\_\_ years old

Does your child wet the bed?  Yes  No

Does your child ever have a dry night?  Yes  No

If yes how many nights per week \_\_\_\_\_ out of 7

Was there ever a long period of time (>3 months) that your child did not wet the bed?  Yes  No

Urine volume: (Please check all that apply)

- Soaked bed
- Soaked underwear/pullups
- Damp underwear

Remedies tried to stop bed wetting: (Please check all that apply)

- Formal bedwetting alarm
- Medication
- Restricting evening fluids
- Waking your child up at night

Is your child a very deep sleeper?  Yes  No

**Pooping**

Does your child poop every day?  Yes  No

If yes, how many times per day? \_\_\_\_\_ per day

Does your child ever complain of pain while pooping?  Yes  No

Do they have to push hard to make the poop come out?  Yes  No

Circle which of the following looks most like your child's poop? 

Does your child get poop smears in their underwear?  Yes  No

Has your child ever had problems with constipation in the past??  Yes  No

Are they taking any medications currently for constipation?  Yes  No

If yes, what medications? \_\_\_\_\_

**Urinary Tract Infections/Bladder Infections**

Has your child ever had a urinary tract infection?  Yes  No

If yes, how many? \_\_\_\_\_

When was the last one? \_\_\_\_\_

Age of first infection? \_\_\_\_\_ years old

Have any of these been with a fever that was greater than 100.4 F?  Yes  No

If yes, how high? \_\_\_\_\_ (Fahrenheit.)

I can't remember

How is your child's urine usually checked for infection?

Pee in a cup

Tube in bladder

Attached bag

Has your child ever had a kidney ultrasound?

Yes  No

Has your child ever had a VCUg? (X-ray with tube placed in bladder)?  Yes  No

Has your child ever been hospitalized for a urine or kidney infection?  Yes  No

Is your child motivated to achieve dryness?  Yes  No

