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.  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  

You can also draw a picture if you like (there is more room on the back).

From Olness, Karen, M.D., and Kohen, Daniel P., M.D., Hypnosis and Hypnotherapy with Children, The Guilford Press, 996