

Dysfunctional Voiding Symptom Score

Please print off this form. Help your child if necessary to complete questions 1-9. Complete question 10 yourself. Bring the form to the first appointment.

Over the last month	Almost never	Less than half the time	About half the time	Almost every	Not available
1. I have had wet clothes or wet underwear during the day	0	1	2	3	N/A
2. When I wet myself, my underwear is soaked.	0	1	2	3	N/A
3. I miss having a bowel movement every day.	0	1	2	3	N/A
4. I have to push for my bowel movements to come out	0	1	2	3	N/A
5. I only go to the bathroom one or two times each day	0	1	2	3	N/A
6. I can hold onto my pee by crossing my legs, squatting or doing the "pee dance".	0	1	2	3	N/A
7. When I have to pee, I cannot wait.	0	1	2	3	N/A
8. I have to push to pee.	0	1	2	3	N/A
9. When I pee it hurts.	0	1	2	3	N/A
10. Parents to answer. Has your child experienced something stressful like the example below?	No (0)	Yes (3)			
TOTAL					

- New baby.
- New home.
- New school.
- School problems.
- Abuse (sexual/physical).
- Home problems (divorce/death).
- Special events (birthday).
- Accident/injury.
- Others

THANK YOU FOR COMPLETING THESE QUESTIONS