

Short Screening Instrument for Psychological Problems in Enuresis (SSIPPE) (Van Hoecke et al., 2007)

- Parental questionnaire
 - Validated, based on the Child Behavior Checklist (CBCL) (Achenbach, 1991)
 - 7 Items for emotional problems
 - 3 Items for attention symptoms
 - 3 Items for hyperactivity/impulsivity symptoms
 - Yes/ No Format
- If more than two yes answers are given for any of the 3 problem areas (emotional, attention, hyperactivity/impulsivity), this should be followed by a more detailed questionnaire such as the CBCL. If the CBCL T-values are in clinical range (or many problem items are answered with a “2”), then a detailed child psychiatric assessment should follow.
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Short Screening Instrument for Psychological Problems in Enuresis (SSIPPE)

Name..... Date of birth.....

Emotional problems

If more than two positive items: full screening required

- | | | |
|---|-----|----|
| 1. Does your child sometimes feel that others are reacting negatively? | YES | NO |
| 2. Does your child sometimes feel worthless and less confident? | YES | NO |
| 3. Does your child sometimes have headaches? | YES | NO |
| 4. Does your child sometimes feel sick? | YES | NO |
| 5. Does your child sometimes have abdominal pain? | YES | NO |
| 6. Is your child sometimes little active or lacking energy? | YES | NO |
| 7. Does your child sometimes feel unhappy, sad or depressive? | YES | NO |

Inattention symptoms

If more than two positive items: full screening required

- | | | |
|---|-----|----|
| 1. Does your child frequently pay insufficient attention to details or make careless defaults in schoolwork? | YES | NO |
| 2. Does your child frequently have difficulties with organizing tasks and activities? | YES | NO |
| 3. Does your child frequently forget in daily practice? | YES | NO |

Hyperactivity/impulsivity symptoms

If more than two positive items: full screening required

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|---|-----|----|
| 4. Does your child frequently talk continuously? | YES | NO |
| 5. Is your child frequently busy? | YES | NO |
| 6. Does your child frequently run or climb in situations in which this is inappropriate? | YES | NO |

FOR PARENTS

Please print off this form and answer the following questions about your child. Bring the form to the first appointment. The answers to these questions are not used to diagnose a behavioural problem. They are used to alert us to anything which we may have to take into account when working out a treatment plan for your child.

Name.....

Date of birth.....

Emotional symptoms

- | | | |
|---|-----|----|
| 1. Does your child sometimes feel that others are reacting negatively? | YES | NO |
| 2. Does your child sometimes feel worthless and less confident? | YES | NO |
| 3. Does your child sometimes have headaches? | YES | NO |
| 4. Does your child sometimes feel sick? | YES | NO |
| 5. Does your child sometimes have abdominal pain? | YES | NO |
| 6. Is your child sometimes little active or lacking energy? | YES | NO |
| 7. Does your child sometimes feel unhappy, sad or depressed? | YES | NO |

Inattention symptoms

- | | | |
|---|-----|----|
| 1. Does your child frequently pay insufficient attention to details or make careless faults in schoolwork? | YES | NO |
| 2. Does your child frequently have difficulties with organising tasks and activities? | YES | NO |
| 3. Does your child frequently forget in daily activities? | YES | NO |

Hyperactivity/impulsivity symptoms

- | | | |
|---|-----|----|
| 1. Does your child frequently talk continuously? | YES | NO |
| 2. Is your child frequently busy? | YES | NO |
| 3. Does your child frequently run or climb in situations in which this is inappropriate? | YES | NO |

THANK YOU FOR FILLING IN THIS FORM

