

In order to assess your child's voiding habits we would like you to complete the enclosed diary for the next two weeks. Please follow these instructions in completing the diary:

- Each numbered row represents one day during the two week period, please write the date in the first column
- In the 'Frequency' column, use tally marks to indicate how many times during that day your child urinates
- In the 'Accidents' column, use tally marks to indicate how many accidents your child has during the day and night.

The remaining columns refer to your child's bowel movements.

- In the first set of columns (Type 1 – Type 7), use check marks to indicate what your child's stool looked like. You may refer to the pictures shown at the top of the column or the descriptions at the bottom left of the diary in making your selection.
- In the 'Soiled' column, simply mark 'Y' or 'N' to indicate if your child's underpants were soiled with stool.
- Finally, in the 'Toilet Paper' columns mark either 'C' or 'D' to indicate whether the toilet paper was clean or dirty.

The 'Personal & Bowel Habit Questionnaire' and the 'Sleep Habits' pages only need to be completed once and should be answered based on an *average* day.

- When answering the questionnaire simply fill in the blank or circle the answer that applies.
- For each item under 'Sleep Habits' answer either 'N' (never), 'R' (rarely), 'O' (occasionally), 'F' (frequently), or 'A' (always).

Should you have any questions or require further clarification please contact our office at 314-251-6990. Thank you



## PERSONAL HABIT QUESTIONNAIRE

- Wet daytime \_\_\_\_ x/day
  - Wet nighttime \_\_\_\_ x/night
  - Frequency of urination \_\_\_\_ x/day
  - Urgency \_\_\_\_ x per day/week/occasional
  - Dribbling/wet pants \_\_\_\_ x/day
  - Positioning to stop urination: Crosses legs, sits on heels, other
  - Sound/size of stream
    - Forceful/full like a hose
    - Tinkling/dribble
    - Tight like a squirt gun
  - Placement of stream
    - Always hits the water/stays in the toilet
    - Stream goes or shoots up, to the left, to the right, or straight out of the toilet (circle direction of stream)
  - Urinary tract infections (number) \_\_\_\_
    - Proven by culture Y/N
  - Chocolate intake \_\_\_\_ x per day/week/occasional
  - Caffeine intake \_\_\_\_ x per day/week/occasional
  - Please list all medications he/she is on: \_\_\_\_\_
- 

## BOWEL HABITS

- Size and shape of bowel movements (circle all that apply)
  - Peas, marbles, grapes, golf balls, tennis ball, baseball
  - Long and banana shaped - as wide as 1/2/3/4 or more fingers
  - Wide
- Soils underwear \_\_\_\_ x/day or week
- Frequency of bowel movements: \_\_\_\_ x/week
- Complains of abdominal pain Y/N
- Pain associated with bowel movements Y/N
- Blood on or in bowel movements Y/N
- Becomes full easily when eating Y/N
- Increased gas passage Y/N
- Intermittent diarrhea and hard stools Y/N

## SLEEP HABITS

(Never, Rarely, Occasionally, Frequently, Always)

- Snoring
- Difficult to wake up
- Doesn't remember awakening (if roused to void)
- Walks in sleep
- Talks in sleep
- Growing pains
- Restless legs/tingling
- Gasping (apnea) for breath
- Wakes up with dry mouth/throat
- Drowsiness during the day
- Sleeps during the day
- Period of snoring, then no sound, "snorting"
- Urinates in bed
- Urinates in unusual places (i.e. tub, trashcan, fireplace) and is unaware of doing this
- Falls asleep on car rides, even short distances
- Hyperactive
- Memory problems
- Gets in trouble at school or home
- Mood issues
- Sweating during sleep
- Choking during sleep
- Nightmares
- Grinds teeth
- Difficulty falling asleep
- Difficulty staying asleep
- Feels rested/refreshed when getting up
- ADD
- ADHD
- Morning headache

# Diary to Evaluate Urine and Bowel Habits

## Mercy Clinic Children's Urology

Fax: 314-251-6998  
Phone 314-251-6990

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

Parents Name: \_\_\_\_\_








Phone #: \_\_\_\_\_

Transmit Time

Fast

Slow

	Urine		Accidents
	Date	Frequency	
Week 1	1		Day
	2		Night
	3		
	4		
	5		
	6		
	7		

Bowel Movement Description						
Type 1	Type 2	Type 3	Type 4	Type 5	Type 6	Type 7
						

Underpants	Toilet Paper	
Soiled (Y/N)	Clean (C)	Dirty (D)

Week 2	8		
	9		
	10		
	11		
	12		
	13		
	14		



### Bristol Stool Form Scale

- Type 1: Separate hard lumps
- Type 2: Sausage like but lumpy
- Type 3: Sausage like but with cracks in the surface
- Type 4: Smooth and Soft
- Type 5: Soft Blobs with clear cut edges
- Type 6: Fluffy pieces with ragged edges, a mushy stool
- Type 7: Watery, no solid pieces