

Staff only
Participant ID: _____

Dear Patient/Parent:

Before your visit today, please take **5 minutes** to fill out this survey on your/your child's bladder and bowel habits. Your feedback will help us improve your/ your child's care and the care of other children with bladder and bowel dysfunction. Your participation is **voluntary** and your answers will be kept **confidential**. At the end of your appointment, you will be asked to answer a short experience survey. The experience survey is **completely anonymous**. You will be asked to fill out a repeat survey in your next 2 follow-up appointments. Your/ your child's care will not be affected by your decision on participating.

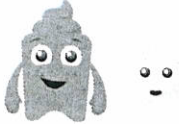
Site where you were/your child was seen (please circle):

- a. **Boomerang Health** b. North York c. Brampton d. Rouge Valley
e. Oakville

Date (MM/DD/YYYY): __/__/__

Please circle ALL that apply:

Over the last month	Almost Never (0)	Less Than Half the Time (1)	About Half the Time (2)	Almost Every Time (3)	Not Applicable (NA)
I have had wet clothes or wet underwear during the day.					
When I wet myself, underwear is soaked.					
I miss having a bowel movement every day.					
I have to push for my bowel movements to come out.					
I only go to the bathroom one or two times each day.					
I can hold onto my pee by crossing my legs, squatting or doing the "pee dance".					
When I have to pee, I cannot wait.					



Over the last month	Almost Never (0)	Less Than Half the Time (1)	About Half the Time (2)	Almost Every Time (3)	Not Applicable (NA)
I have to push to pee.					
When I pee it hurts.					
Parents to answer. Has your child experienced something stressful like to example below? Please circle if ALL that apply.	NO(0)			YES(3)	
<ul style="list-style-type: none"> • New baby. • New home. • New school. • School problems. • Abuse (sexual/physical). • Home problems (divorce/death). • Special events (birthday). • Accident/injury. • Others. 					
Total					

How does your/your child's poop looks like most of the days? Please circle the 2 options that best apply:

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid