



University
Of
Alberta



STOLLERY
CHILDREN'S
HOSPITAL

Attach Patient Label

Date Completed _____

Dysfunctional Voiding Symptom Score

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

Reference: The dysfunctional voiding scoring system: Quantitative standardization of dysfunctional voiding symptoms in children. W. Farhat, D.J. Bāgli, G. Capolicchio, S. O'Reilly, P.A. Merguerian, A. Khoury, G.A. McLorie. *The Journal of Urology*, September 2000 (Vol. 164, Issue 3, Part 2, Pages 1011-1015).

Effect of Adenotonsillectomy on Nocturnal Enuresis in Patients with Obstructive Sleep Apnea

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