**Voiding/bowel questionnaire.**

Dry during day at.............months of age
Dry during night at.............months of age

**Scoring**

Number of voiding during day
- > 7 times /day .......................... 2
- 3-7 times/day ................................ 0
- 1-2 times/day ................................ 3

When does the child void in the morning?
- within half an hour ...................... 0
- within 2 hours ............................ 1
- later ........................................ 2

How often does the child postpone a voiding?
- always ........................................ 3
- every day .................................... 2
- more than once/month .................. 1
- never ........................................ 0

*Does the child have to hurry to the toilet (can not wait)?*
- always ........................................ 3
- every day .................................... 2
- more than once/month .................. 1
- never ........................................ 0

*Does the child react with urgency defence like crossing legs or squatting?*
- always ........................................ 3
- every day .................................... 2
- more than once/month .................. 1
- never ........................................ 0

Does the child wet underwear or clothes during the day?
- more than once/day ...................... 4
- every day .................................... 3
- 1-3 times/week .............................. 2
- 1-3 times/month ............................. 1
- never ........................................ 0

Does the child have difficulties to start voiding?
- often .......................................... 2
- sometimes ................................... 1
- never ........................................ 0

Does the child void in more than one urine portion?
- often .......................................... 2
- sometimes ................................... 1
- never ........................................ 0

Does the child strain at voiding?
- often .......................................... 2
- sometimes ................................... 1
- never ........................................ 0

How often does the child have bowel movements?
- ≥1 every second day ...................... 0
- 1-2 times/week ............................. 2

Does the child have fecal incontinence (soiling, etc.)
- often .......................................... 3
- sometimes ................................... 2
- never ........................................ 0

Does the parents experience the child as constipated?
- yes ............................................. 1
- no .............................................. 0

*Only one of these questions is included in the total scoring: The question with the highest scoring.*