Continence Assessment Form - Child that has been toilet trained

Completed forms contain confidential child information and must be handled securely. Do not leave printed or handwritten forms unattended, visible to the public, or in any non-secure area. All completed forms must be stored, transported, and disposed of in accordance with GDPR and local data-protection policies.

Name of person completing form: _____

Designation: _____

Contact details: _____

Date form completed: _____ Signed: _____

<table>
<tr><td colspan="2">Child's name:

Male/female</td><td>Parents' names:</td></tr>
<tr><td>Date of birth:</td><td>Age:</td><td rowspan="2">Siblings:</td></tr>
<tr><td colspan="2">NHS Number/Hospital ID:</td></tr>
<tr><td colspan="2" rowspan="2">Address:</td><td>Home phone:</td></tr>
<tr><td>Parent's email:</td></tr>
<tr><td colspan="2">Mobile 1:</td><td>Mobile 2:</td></tr>
<tr><td colspan="2">GP name and address:</td><td>School Health Nurse/Health Visitor:</td></tr>
</table>

GP phone number:	Other relevant health care professionals:
Nursery/school name and address: Nursery/school phone number:	
Past medical history:	
Medication taken: Drug_____ Dose _____ Timing _____ Drug_____ Dose _____ Timing _____ Drug_____ Dose _____ Timing _____ Drug_____ Dose _____ Timing _____	

About the child

Please note any additional needs or other relevant information

Please circle the following answers as appropriate

Bowels

Frequency of bowel actions: _____ times a day/week

Stool Type: 1 2 3 4 5 6 7

Any soiling? Yes / No

If yes:
Amount? Stain in pants or on pad / modest amount / full bowel action

Frequency? Several times a day / daily / less frequently

What protection does the child wear?
Pants / pad in pants / nappy / pull-up

Does the child use the: potty / toilet / neither?

Is there a regular toileting programme in place?
Yes / No

Does the child pass LARGE stools / large quantity of stool all at once?
Yes / No

Any abdominal pain and/or pain on defaecation?
Yes / No

Any abdominal distension?

Yes / No

Any anorexia / nausea / vomiting / faltering growth?
Yes / No

Any other associated behaviour – straining / stool withholding / toilet avoidance / passing stools at night?
Yes / No

Has child been seen by GP/Paediatrician for physical examination to rule out underlying organic cause – 'red flags'?
Yes / No / Referred

Daytime Bladders

Frequency of voids: _____ times a day

Urinary urgency
Yes / No

Volume of voids:

Maximum voided volume _____mls (Exclude first void of the day)

Average voided volume _____ mls

Expected bladder volume _____mls

Voiding behaviour:

Any hesitancy?
Yes / No

Any straining to initiate void?
Yes / No

Is stream weak/interrupted?
Yes / No

History of Urinary Tract Infection (UTI)?
Yes / No

Number of UTIs in the last year _____

Current UTI suspected?
Yes / No

Urinalysis performed?
Yes / No
Result _____

Specimen sent?
Yes / No
Result _____

Any daytime wetting?
Yes / No
If yes:

Amount?
Damp pants / wet through to outer clothes / puddle

Frequency?
Several times a day / daily / less frequently

When do the problems primarily occur?
Prior to voiding / after voiding / associated with laughing / randomly

What protection does the child wear?
Pants / pad in pads / nappy / pull-up

What are the child's usual drinks?

_____

_____

How many drinks does the child have every day?
_____
Are drinks evenly spread throughout the day?
Yes / No

Average daily fluid intake? _____mls

Has child been seen by GP/Paediatrician for physical examination to rule out underlying organic cause?
Yes / No / Referred

Night Time Bladders

Is the child occasionally or regularly wet at night? Yes / No
If yes – continue assessment below.
If no – does the child get up to void during the night: Never / infrequent (less than 4 times a week) / frequent (4 or more times a week) / once a night / more than once a night.

Is the wetting:
Primary – the child has never been dry at night for a 6 month period
Secondary – the child has been dry at night for at least 6 months prior to this episode

Does the child wake after wetting? Yes / No

Does the child wet once a night / more than once a night?

Volume of wetting:
Just night wear / wet patch the size of a dinner plate / wet patch covering most of the middle of the bed / most of the bed wet, including pillow and duvet

Time of wetting:
Soon after going to bed / later in the night

Size of morning void:
Unable to void / small / medium / large

Colour of morning void:
Dilute / concentrated

Time of last drink _____

What time does the child go to bed? _____

Does the child void before going to bed? Yes / No

Does the child void before going to sleep? Yes / No

What time does the child go to sleep? _____

Does the child share a bedroom? Yes / No - Single bed / Cabin / Bunk – top/bottom

Will the child go to the toilet if they wake? Yes / No
Any concerns?