

Appendix B

Dysfunctional Voiding and Incontinence Symptoms Score (DVISS) Questionnaire

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|-----|--|-----------------------------------|
| 1. | Does your child wet during the day? | No (0) Sometimes (3) Always (5) |
| 2. | How wet is your child during the day?
pants soaking wet (5) | Damp underwear (0) damp pants (3) |
| 3. | Does he/she wet the bed?
nights/week (3) 6-7 nights/wk (5) | No (0) 1-2 nights/wk (1) 3-5 |
| 4. | How wet is your child during the night?
Damp/soak wet bed (4) | N/A (0) Damp underwear (1) |
| 5. | How many times does your child urinate?
7times/day (1) | 1-7times/day (0) More than |
| 6. | My child strains during voiding. | No (0) Yes (4) |
| 7. | My child feels pain during voiding. | No (0) Yes (1) |
| 8. | My child voids intermittently. | No (0) Yes (2) |
| 9. | My child needs to go back to the
bathroom soon after he/she finishes. | No (0) Yes (2) |
| 10. | My child has a sudden feeling of
having to urinate. | No (0) Yes (1) |
| 11. | My child holds by crossing his/her legs. | No (0) Yes (2) |
| 12. | My child wets on the way to the toilet. | No (0) Yes (2) |
| 13. | My child does not have a BM daily. | No (0) Yes (1) |

Total

Quality of Life

If your child experiences symptoms mentioned above, does it affect his/her family, social or school life?

No=1 Yes=2 Seriously affects =3