



Specialty Physical Therapy

Pediatric Questionnaire

Instructions: please circle or select button nearest your answer.

Dysfunctional Voiding and Incontinence Symptoms Score (DVISS) Questionnaire

Does your child wet during the day?

No (0) Sometimes (3) Always (5)

How wet is your child during the day??

Damp Underwear (0) Damp Pants (3) Pants soaking wet (5)

Does he/she wet the bed?

No (0) 1-2 nights/wk (1) 3-5 nights/week (3) 6-7 nights/wk (5)

How wet is your child during the night?

N/A (0) Damp underwear (1) Damp/soak wet bed (4)

How many times does your child urinate?

1-7 times/day (0) More than 7 times/day (1)

My child strains during voiding?

No (0) Yes (4)

My child feels pain during voiding?

No (0) Yes (1)

My child voids intermittently?

No (0) Yes (2)

My child needs to go back to the bathroom soon after he/she finishes?

No (0) Yes (2)

My child has a sudden feeling of having to urinate?

No (0) Yes (1)

My child holds by crossing his/her legs?

No (0) Yes (2)

My child wets on the way to the toilet?

No (0) Yes (2)

My child does not have a BM Daily?

No (0) Yes (1)

Quality of Life

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

No (1) Yes (1) Seriously affects (3)