

Initial number

ICIQ-CLUTS 10/10

**CONFIDENTIAL**

**Today's date**

DAY MONTH YEAR

**To be completed by the child's parent/carer.**

Many children experience urinary symptoms some of the time. Your answers to the following few questions will help us to identify or exclude the presence of possible urinary problems.

**1. Please fill in your child's date of birth:**

DAY MONTH YEAR

**2. Is your child (*tick one*):**

Female  Male

**3. Over the past 4 weeks, did your child have a urinary tract infection?**

Yes

No

Don't know

We would be grateful if you could answer the following questions, thinking about how your child has been, on average, **over the PAST 4 WEEKS**.

**4. How often does your child wet the bed?**

Never

about once a week or less

several times a week

every night

**5. How often does your child wet himself/herself during the day?**

Never

about once a week or less

two or three times a week

about once a day or more

**6. How often does your child pass urine during the day?**

1 to 3 times a day

4 to 7 times a day

8 to 12 times a day

More than 12 times a day

We would be grateful if you could answer the following questions, thinking about how your child has been, on average, **over the PAST 4 WEEKS.**

**7. When your child needs to pass urine, does he/she have to rush to the toilet immediately?**

- never
- sometimes
- most of the time
- all of the time

**8. Does your child try to postpone passing urine by crossing his/her legs, squatting, etc?**

- never
- sometimes
- most of the time
- all of the time

**9. Does your child have to push in order to begin urinating?**

- never
- sometimes
- most of the time
- all of the time

**11. Does your child wet him/herself while he/she is rushing to pass urine?**

- never
- sometimes
- most of the time
- all of the time

**12. Does your child have to rush to the bathroom to pass urine even if he/she went a short time ago?**

- never
- sometimes
- most of the time
- all of the time

**10. How often does your child have bowel movements?**

- every day
- every other day
- twice a week
- once a week or less

**Thank you very much for answering these questions.**