

**INNER STRENGTH PHYSICAL THERAPY**

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**PEDIATRIC HEALTH HISTORY AND SCREENING QUESTIONNAIRE**

**Patient History and Symptoms**

Your answers to the following questions will help us to manage your child's care better. Please complete all pages prior to your child's appointment.

Name of parent or guardian completing this form \_\_\_\_\_

Child's name: \_\_\_\_\_ Prefers to be called \_\_\_\_\_ Date: \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Describe the reason for your child's appointment \_\_\_\_\_

When did this problem begin? \_\_\_\_\_ Is it getting better \_\_\_\_\_ worse \_\_\_\_\_ staying the same \_\_\_\_\_

Name and date of child's last doctor visit \_\_\_\_\_ Date of last urinalysis \_\_\_\_\_

Previous tests for the condition for which your child is coming to therapy. Please list tests and results \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<u>Medications</u>	<u>Start date</u>	<u>Reason for taking</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child stopped or been unable to do certain activities because of their condition? For example, embarrassed to play with friends, can't go on sleepovers, feels ashamed about leakage and avoids play dates. \_\_\_\_\_

\_\_\_\_\_

Does your child now have or had a history of the following? Explain all "yes" responses below.

- |                               |  |
|-------------------------------|--|
| Y/N Pelvic pain               | Y/N Blood in urine                     |
| Y/N Low back pain             | Y/N Kidney infections                  |
| Y/N Diabetes                  | Y/N Bladder infections                 |
| Y/N Latex sensitivity/allergy | Y/N Vesicoureteral reflux Grade _____  |
| Y/N Allergies                 | Y/N Neurologic (brain, nerve) problems |
| Y/N Asthma                    | Y/N Physical or sexual abuse           |
| Y/N Surgeries                 | Y/N Other (please list) _____          |

Explain yes responses and include dates \_\_\_\_\_

Does your child need to be catheterized? Y/N If yes, how often? \_\_\_\_\_

**Bladder Habits**

- How often does your child urinate during the day? \_\_\_\_\_ times per day, every \_\_\_\_\_ hours.
- How often does your child wake up to urinate after going to bed? \_\_\_\_\_ times
- Does your child awaken wet in the morning? Y/N If yes, \_\_\_\_\_ days per week.
- Does your child have the sensation (urge feeling) that they need to go to the toilet? Y/N
- How long does your child delay going to the toilet once he/she needs to urinate? (Circle one)

- |                  |                   |
|------------------|-------------------|
| ___ Not at all   | ___ 11-30 minutes |
| ___ 1-2 minutes  | ___ 31-60 minutes |
| ___ 3-10 minutes | ___ Hours         |

6. Does your child take time to go to the toilet and empty their bladder? Y/N

7. Does your child have difficulty initiating the urine stream? Y/N
8. Does your child strain to pass urine? Y/N
9. Does your child have a slow, stop/start or hesitant urinary stream? Y/N
10. Is the volume of urine passed usually: Large Average Small Very small (circle one)
11. Does your child have the feeling their bladder is still full after urinating? Y/N
12. Does your child have any dribbling after urination; i.e. once they stand up from the toilet? Y/N
13. Fluid intake (one glass is 8 oz or one cup)
  - \_\_\_ of glasses per day (all types of fluid)
  - \_\_\_ of caffeinated glasses per day
  - Typical types of drinks \_\_\_\_\_
14. Does your child have "triggers" that make him/her feel like he/she can't wait to go to the toilet? (i.e. running water, etc.) Y/N please list \_\_\_\_\_

**Bowel Habits**

15. Frequency of movements: \_\_\_ per day \_\_\_\_\_ per week. Consistency: loose\_\_\_ normal\_\_\_ hard\_\_\_
16. Does your child currently strain to go? Y/N\_\_\_\_\_ Ignore the urge to defecate? Y/N\_\_\_\_\_
17. Does your child have fecal staining on his/her underwear? Y/N How often? \_\_\_\_\_
18. Does your child have a history of constipation? Y/N\_\_\_\_\_ How long has it been a problem? \_\_\_\_\_

**SYMPTOM QUESTIONNAIRE**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Bladder leakage (check all that apply)           <ul style="list-style-type: none"> <li>___ Never</li> <li>___ When playing</li> <li>___ While watching TV or video games</li> <li>___ With strong cough/sneeze/physical exercise</li> <li>___ With a strong urge to go</li> <li>___ Nighttime sleep wetting</li> </ul> </li> <li>2. Frequency of urinary leakage-number (#) of episodes           <ul style="list-style-type: none"> <li>___ # per month</li> <li>___ # per week</li> <li>___ # per day</li> <li>___ Constant leakage</li> </ul> </li> <li>3. Severity of leakage (circle one)           <ul style="list-style-type: none"> <li>___ No leakage</li> <li>___ Few drops</li> <li>___ Wets underwear</li> <li>___ Wets outer clothing</li> </ul> </li> <li>7. Protection worn (circle all that apply)           <ul style="list-style-type: none"> <li>___ None</li> <li>___ Tissue paper / paper towel</li> <li>___ Diaper</li> <li>___ Pull-ups</li> </ul> </li> </ol> | <ol style="list-style-type: none"> <li>4. Bowel leakage (check all that apply)           <ul style="list-style-type: none"> <li>___ Never</li> <li>___ When playing</li> <li>___ While watching TV or video games</li> <li>___ With strong cough/sneeze/physical exercise</li> <li>___ With a strong urge to go</li> </ul> </li> <li>5. Frequency of bowel leakage-number (#) of episodes           <ul style="list-style-type: none"> <li>___ # per month</li> <li>___ # per week</li> <li>___ # per day</li> </ul> </li> <li>6. Severity of leakage (circle one)           <ul style="list-style-type: none"> <li>___ No leakage</li> <li>___ Stool staining</li> <li>___ Small amount in underwear</li> <li>___ Complete emptying</li> </ul> </li> </ol> |
|--|---|
8. Ask your child to rate his/her feelings as to the severity of this problem from 0-10
 

0 \_\_\_\_\_ 10

Not a problem Major problem
  9. Rate the following statement as it applies to your child's life today
 

My child's bladder is controlling his/her life.

0 \_\_\_\_\_ 10

Not true at all Completely true