

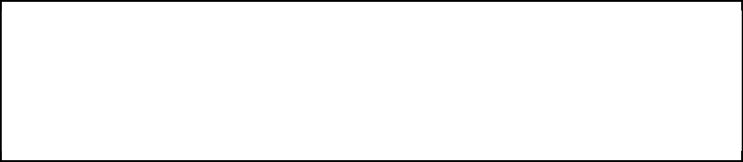
Healthy Together Continence Guidance V1



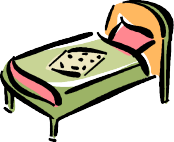
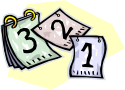
CHART 3



Please complete every day for the next 14 days



**Baseline Assessment Chart for Nocturnal Enuresis – Week 1**

Child’s Name: …………………………………………………… Date of Birth: ……………………………………………………….

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| Date | What was | What | What | When | Did your | If wet, what | Has your child |
|  | the last | time did | time did | you | child | was the | had their |
|  | drink of | you go to | you go | checked | have a | size of the | bowels open |
|  | the day | bed? | & check | were | dry bed | wet patch | during the |
|  | **in mls** & |  | to see if | they | in the | * **S**mall | day? Please |
|  | what |  | they | * Wet | morning | * **M**edium | describe using |
|  | time? |  | were  wet? | * Dry | * Yes * No | * **L**arge | the Bristol  Stool Chart |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |



Healthy Together Continence Guidance V1

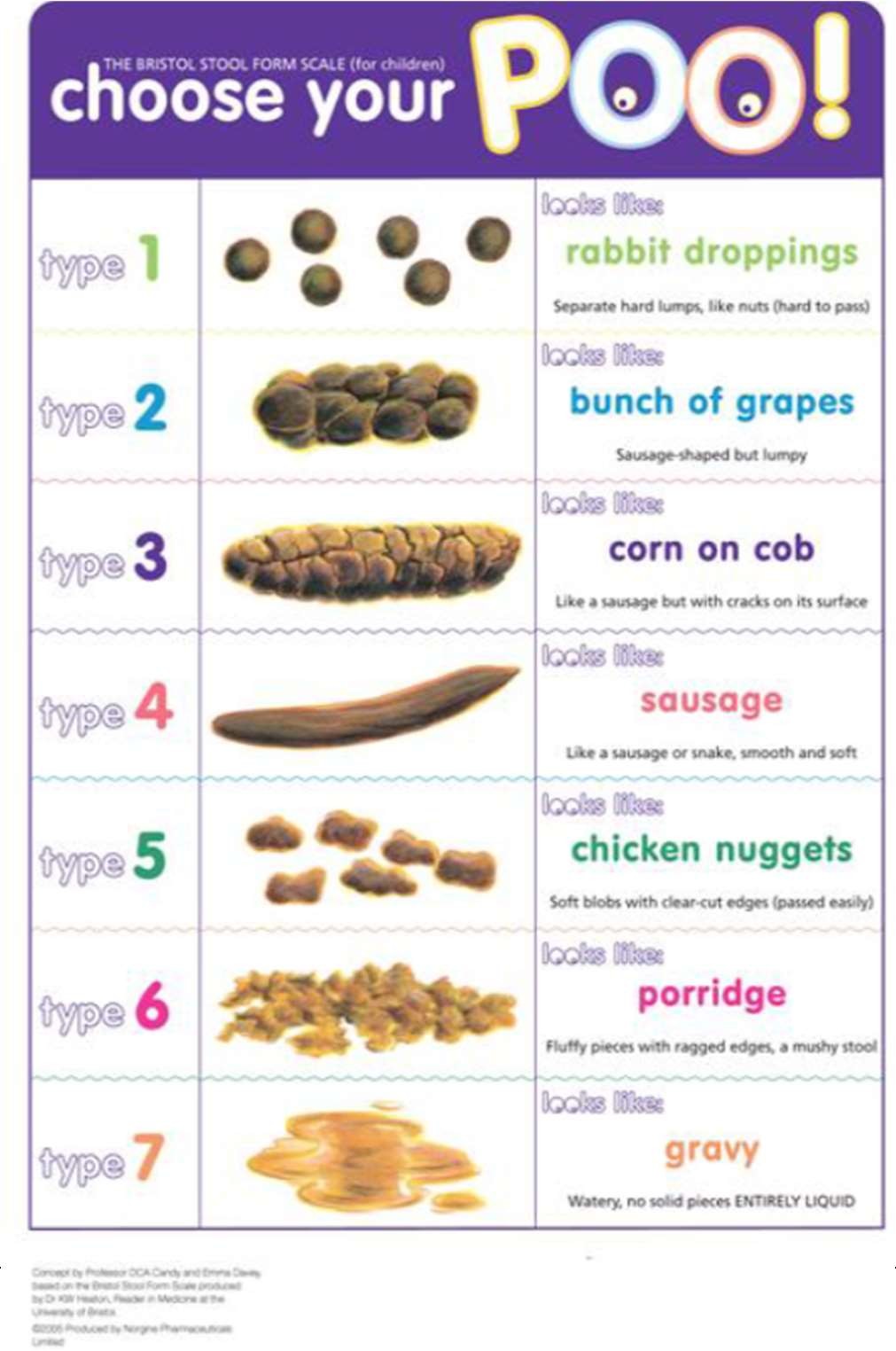
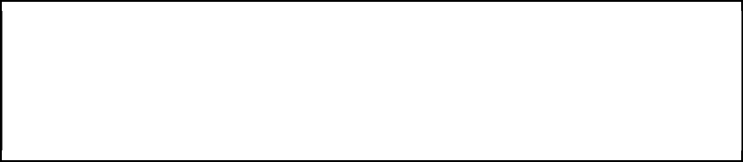


CHART 3a



**Baseline Assessment Chart for Nocturnal Enuresis – Week 2**

Child’s Name: …………………………………………………… Date of Birth: ……………………………………………………….

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| Date | What was | What | What | When | Did your | If wet, what | Has your child |
|  | the last | time did | time did | you | child | was the | had their |
|  | drink of | you go to | you go | checked | have a | size of the | bowels open |
|  | the day | bed? | & check | were | dry bed | wet patch | during the |
|  | **in mls** & |  | to see if | they | in the | * **S**mall | day? Please |
| * Wet * Dry | morning   * Yes * No |
|  | what time? |  | they were wet? | * **M**edium * **L**arge | describe using the Bristol Stool Chart |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |