Appendix B

**Dysfunctional Voiding and Incontinence Symptoms Score (DVISS) Questionnaire**

1. Does your child wet during the day?  
   - No (0)  
   - Sometimes (3)  
   - Always (5)
2. How wet is your child during the day?  
   - Damp underwear (0)  
   - Damp pants (3)  
   - Pants soaking wet (5)
3. Does he/she wet the bed?  
   - No (0)  
   - 1-2 nights/wk (1)  
   - 3-5 nights/week (3)  
   - 6-7 nights/wk (5)
4. How wet is your child during the night?  
   - N/A (0)  
   - Damp underwear (1)  
   - Damp/soak wet bed (4)
5. How many times does your child urinate?  
   - 1-7 times/day (0)  
   - More than 7 times/day (1)
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