

## 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?<br>pants soaking wet (5)           | Damp underwear (0) damp pants (3) |
| 3.  | Does he/she wet the bed?<br>nights/week (3) 6-7 nights/wk (5)            | No (0) 1-2 nights/wk (1) 3-5      |
| 4.  | How wet is your child during the night?<br>Damp/soak wet bed (4)         | N/A (0) Damp underwear (1)        |
| 5.  | How many times does your child urinate?<br>7times/day (1)                | 1-7times/day (0) More than        |
| 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<br>bathroom soon after he/she finishes. | No (0) Yes (2)                    |
| 10. | My child has a sudden feeling of<br>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