

Ready for School Questionnaire – Toilet Training



Thank you for registering your interest in our Ready for School workshop.

Building Blocks to Toilet Training

To help us know where your child is with their toilet training we have put this questionnaire together to help us understand how we can help you and your child.

If you are unable to complete any part of the questionnaire, don't worry we can discuss when we meet in person.

Part One – Personal Details

Name of child :	
Address:	
Date of Birth:	
GP Surgery:	
School:	

Parent/Guardian details

Name of Parent/Guardian:		Relationship to Child:	
Home Tel No.		Email:	
Mobile Tel No.			

Part 2 – Toilet Training Information

1.	Does your child use the potty / toilet /none?	Potty/toilet/none
2.	Has toilet training been tried in the past? Please give any details:	Yes / No
3.	What protection does your child wear?	Pants /pad in pants / nappy / pull-up
4.	Is there a toileting routine in place?	Yes / No

5.	<p>Does your child have any daytime wetting? If yes:</p> <p>What is the amount?</p> <p>How often?</p>	<p>Yes / No</p> <p>Damp pants / wet through to outer clothes /a puddle</p> <p>Several times a day / once daily / less frequently</p>
6.	<p>How often does your child poo?</p> <p>What does it look like? <i>(Please use the Bristol Stool Chart for Children attached to see which type best matches your child's poo)</i></p> <p>Do you have any concerns with constipation? <i>Your child should poo at least four times a week and the poo should be soft and easy to pass. If your child is going less often than this and hard poos then they may be constipated. (ERIC)</i></p> <p>Any soiling? If yes,</p> <p>What is the amount?</p> <p>And how often?</p>	<p>___ times a day/week</p> <p>Type -1 2 3 4 5 6 7</p> <p>Yes / No</p> <p>Yes / No</p> <p>Stain in pants/pads / modest amount / full bowel action</p> <p>Several times a day / once daily / less frequently</p>
7.	Has your child been seen by GP/ Paediatrician for a physical examination to rule out underlying causes?	Yes / No / Referred
8.	Is your child on any regular medication?	Yes/No
9.	Does your child have any medical/development problems/or any other worries? (if yes, please briefly explain below)	Yes/No

10.	Is your child under the care of any professionals other than the family GP? (if yes, please briefly explain below)	Yes/No

What is your primary language? _____

Thank you for taking the time to complete this form.

Parents/guardians Signature:

Date:
