MMC - Urinary and Fecal Continence Evaluation.
(Apply questionnaire in parentes of patients aged 5 years or more).

Questionnaire

1- IDENTIFICATION
   1. Name

2- UTI
   2.1. Has your child ever presented UTI?
       • No.
       • Yes, without fever.
       • Yes, with fever.

   2.2. If the anterior answer was YES, how many UTI episodes?

   2.3. If the first answer was YES, was hospitalization required?
       • Yes.
       • No.

3- BLADDER CATHETERIZATION
   3.1. Does patient perform clean intermittent catheterization (CIC)?
       - Yes.
       - No.

   3.2. If the anterior answer was YES, how many times a day?

   3.3. Already had urologic surgery?
       - No.
       - Yes.

   3.4. If the anterior answer was YES, which surgery?

4- URINARY CONTINENCE
   4.1. Does patient have urine leakage?
       • No.
       • Yes. Small amount, dropping or wetting clothes.
       • Yes. Moderate or big amount, wetting diapers or clothes.

   4.2. If the anterior answer was YES, does patient need a diaper?
       • No.
       • Yes.

   4.3. If the anterior answer was YES, how many diapers a day?

   4.4. If patient has urinary leakage even with CIC, in which situation do urinary loss occur?
       a. Any time between CIC.
       b. Next the subsequent CIC.
5- FAECAL CONTINENCE

5.1. What is the patient’s bowel frequency (how many times a day)?

5.2. How would you classify patient’s stool, most of the time, according to the table? Bristol Scale.

5.3. Does the patient have diarrhea? How often?
   - No.
   - Yes, once a month.
   - Yes, once a week.
   - Yes, more than a time per week.

5.4. Has patient ever had enema due to constipation? If so, how often?
   - No, never needed a enema.
   - Yes, sporadic.
   - Yes, once a month.
   - Yes, weekly.

5.5. Does patient have fecal loss?
   - No.
   - Yes.

5.6. Does patient use any drug to aid evacuate?
   - No.
   - Yes, oral laxative.
   - Yes, PEG 4000.
   - Yes, enema.
   - Yes, with peristeen (transanal colonic irrigation) or similar.

5.7. If the anterior answer was YES, what is the medication?

5.8. If the answer in question 5.5 was YES, how many times a day does it take to change diapers or clothes?

6- SELF ESTIMATION AND INDEPENDENCE*

6.1. Did you feel embarrassed about how you look?
   - Never.
6.2. Did dealing with health problems upset you?
- Never.
- Almost never.
- Sometimes.
- Almost always.
- Always.
- I did not have health problems.

6.3. Did it bother you to catheterize to get urine out?
- Never.
- Almost never.
- Sometimes.
- Almost always.
- Always.
- I did not catheterize.

6.4. Did it bother you if people in your family needed to help you?
- Never.
- Almost never.
- Sometimes.
- Almost always.
- Always.
- I did not need help.

6.5. Did it bother you if your friends or people outside your family needed to help you?
- Never.
- Almost never.
- Sometimes.
- Almost always.
- Always.
- I did not need help.

7. *BLADDER AND BOWEL*

7.1. Did your urine problems make you feel sad or worried?
- Never.
- Almost never.
- Sometimes.
- Almost always.
- Always.
- I did not have urine problems.

7.2. Did your urine problems stop you from doing fun things?
Never.
Almost never.
Sometimes.
Almost always.
Always.
I did not have urine problems.

7.3. Did leaking stool/poop bother you?
Never.
Almost never.
Sometimes.
Almost always.
Always.
I did not leak.

7.4. Did your bowel/poop problems stop you doing fun things?
Never.
Almost never.
Sometimes.
Almost always.
Always.
I did not have bowel/poop problems.

7.5. Did it bother you to wait for stool/poop to come out?
Never.
Almost never.
Sometimes.
Almost always.
Always.
I did not have to wait.

*The questions were taken from the QUALAS-C (Quality of Life Assessment in Spina bifida for Children).