

**SOILING SOLUTIONS
ENCOPRESIS QUESTIONNAIRE**
(Revised March, 2021)

Completion of this questionnaire is desirable before a voice consultation. Do a “Reply To:” or paste and copy to your email and then complete it right on your computer and hit the “Send” button. Suggest some time options for me to telephone you keeping in mind that I am on New York time. Weekends and evenings are possible. I will acknowledge receipt by email and pick one of the times you offered to call you back.

- List your name, address, email address, and telephone number you wish for me to use to call you:

- Name of child, nick name, DOB, sex, size for age, social and physical skills:

- Describe his/her cognitive abilities and temperament at home and in school:

- Describe your household in some detail as to members, schedules, jobs, cooperativeness, chaotic-organized, etc.:

- If you are primarily in charge of the treatment protocol here give me something of a description of yourself, such as, education, job/schedule demands, confidence, and your childcare approach:

- OK, now give me a description of your child’s bowel and bladder accidents and related behaviors including his and your reactions to them:

- Medications and diets used with results:

- Do share your own opinions about what you think is going on:

- Share any professional medical/psychological inputs that you have received about what is going on that you think is important:

- Share your fears and hopes for your child with this presenting problem:

- Anything else I should know?