

Parental Survey on Bedwetting in Children

All information you give is CONFIDENTIAL. This survey is about your thoughts on bedwetting in children. There are no right or wrong answers. Filling out this survey is completely VOLUNTARY.

What is your age? (check one)

- Less than 20 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50+ years

What is your gender? (check one)

- Male
- Female

Were you born in the United States?

- Yes
- No

If no, where were you born? _____

What is your race/ethnicity (check one)?

- White
- Black
- Hispanic
- Native-American
- Asian
- Other _____

What is the primary language spoken at home? (check one)

- English
- Spanish
- Other _____

Approximately how many years have you lived in the United States? (check one)

- All my life
- 0-10 years
- 10-20 years
- 20+ years

What is your current marital/relationship status? (check one)

- Married
- Divorced
- Separated
- Widowed
- Single
- Domestic partner

Other

What was your highest education level completed? (check one)

- No formal education
- Grade school
- High school
- Junior College, vocational school
- College degree (B.A., B.S.)
- Graduate School (PhD, MD, MA, MPH, JD, DO, DDS, OD, etc.)

What is your approximate combined yearly household income? (check one)

- Less than \$25,000
- \$25,001-\$50,000
- \$50,001-\$75,000
- \$75,001-\$100,000
- Greater than \$100,000

Do you have internet access at work or home? (check one)

- Yes
- No

What medical insurance coverage does your child have? (check one)

- MediCal
- Private insurance
- No insurance
- Other _____

How many children do you have? (check one)

- 1
- 2
- 3

Does your child have an established physician?

- Yes
- No

The following questions pertain to bedwetting in children. Bedwetting is defined as involuntary wetting the bed at night during sleep in a child over the age of 5 years. Bedwetting under the age of 5 is normal.

Does anyone in your family have a history of bedwetting? (Check all that apply)

- | | | | |
|------------------|------------------------------|-----------------------------|-------------------------------------|
| Parents | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Brothers/sisters | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Children | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

What do you think is/are the major cause(s) of bedwetting in children? (Check all that apply)

- Laziness to wake up and go to the bathroom
- Child defiant/behavioral problems

- Child is seeking attention
- Child has a small bladder
- Child is a deep sleeper
- Bedwetting runs in the family
- Don't know
- Other _____

If you had a child over the age of 5 who continued wetting the bed, how would you treat your child's bedwetting? (Check all that apply)

- No treatment, let my child outgrow it
- Reprimand/punish my child for wet nights
- Reward my child for dry nights
- Limit my child's fluid intake before bedtime
- Limit my child's caffeine intake
- Have my child pee prior to going to sleep
- Ake my child up at night and have them go to the restroom
- Bedwetting alarm
- Take my child to see a doctor/health care provider
- Other _____

Do you believe that bedwetting in children can be treated effectively by a doctor/health care provider? (check one)

- Yes
- No

Do you believe that children with bedwetting should be evaluated by a doctor/health care provider? (check one)

- Yes
- No

Are you aware that effective treatments are available for children with bedwetting? (check one)

- Yes
- No

If your child suffered from bedwetting, what would keep you from seeking professional medical care? (check all that apply)

- Fear of invasive tests
- Expense/costs
- Language barrier
- Parent or child embarrassment
- I am not aware of good treatments
- Treatments do not work well
- Bedwetting is not a significant medical problem
- Knowing that my child would eventually outgrow bedwetting
- Nothing, I would take my child to the doctor
- Other _____