



**URINARY TRACT INFECTIONS**

1. Has your child ever had a urinary tract infection (UTI)?  Yes  No
2. At what age was the first infection? \_\_\_\_\_
3. How many UTI's per year?  only 1 UTI  1-2  2-4  greater than 4
4. Date of last UTI: \_\_\_\_\_
5. Which symptoms did he/she have with the infection?
 

Wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent urination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Painful urination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea/vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fever over 100 degrees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Strong urge to void	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foul smelling urine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abdominal/back pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the infection occur while your child was on an antibiotic?  Yes  No
7. If yes, what antibiotic was he/she taking when the infection occurred? \_\_\_\_\_
8. Does your child have urinary reflux?  Yes  No  Do not know
9. Is there are family history of reflux?  Yes  No  Do not know

**BOWEL MOVEMENTS/STOOLING/POOP HABITS**

1. How often does your child have a bowel movement/poop?
 








<input type="checkbox"/> once or more per day	<input type="checkbox"/> every other day	<input type="checkbox"/> every 3 or more days	<input type="checkbox"/> not sure
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What kind of symptoms does your child have when they poop?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> straining to poop | <input type="checkbox"/> poop accidents    | <input type="checkbox"/> pain with wiping         | <input type="checkbox"/> pain with pooping |
| <input type="checkbox"/> abdominal pain    | <input type="checkbox"/> blood with wiping | <input type="checkbox"/> pain at tip of the penis | <input type="checkbox"/> vaginal pain      |

2. Please circle using the Bristol Stool Chart, the bowel movement that you most often has.

**Bristol Stool Chart**

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely liquid

**Circle the drinks your child has regularly:**

100% juice	Soda: type _____
Water	Flavored/Vitamin water
Milk: White	Chocolate Strawberry
Coffee/tea	Gatorade/Powerade

Other drinks \_\_\_\_\_

**Circle the foods your child eats regularly:**

Pizza	Macaroni & Cheese
Milk	Cheese
Ice cream	Yogurt
White bread	Whole wheat bread
Bagels	Past
White rice	White potatoes