

TOILET SKILLS ASSESSMENT

Child's Name:	Date of Birth:
Initial Assessment completed By	Date of 1 st assessment:

A: Bladder function – if bladder emptied		DATE	DATE	DATE
1 More than once per hour, shade area 1	1			
2 Between 1-2 hourly, shade areas 1 and 2	2			
3 more than 2 hourly, shade areas 1,2, and 3	3			

B: Bowel function, if		DATE	DATE	DATE
1 Has frequently daily soiling, shade area 1	1			
2 Does not always have normally formed bowel movements i.e. is subjected to constipation or diarrhoea, shade in area 1 and 2	2			
3 Has regular normally formed bowel movements, shade areas 1,2 and 3	3			

C: If night time wetting occurs		DATE	DATE	DATE
1 Frequently, i.e. every night, shade area 1	1			
2 Occasionally i.e. has the odd dry night, shade areas 1& 2	2			
3 Never, shade areas 1,2, & 3	3			

D: If night time bowel movements		DATE	DATE	DATE
1 Occur frequently i.e. every night, shade area 1	1			
2 Occur occasionally i.e. has some clean nights, shade areas 1 & 2	2			
3 Never occurs, shade areas 1,2, and 3	3			

INDEPENDENCE		DATE	DATE	DATE
E: Sitting on the toilet, if				
1 Afraid or refuses to sit, shade area 1	1			
2 Sits with help, shade areas 1 and 2	2			
3 Sits briefly without help, shade areas 1,2, and 3	3			
4 Sits without help for long enough to complete voiding, shade areas 1,2, and 3	4			

F: Going to the toilet, if		DATE	DATE	DATE
1 Gives no indication of need to go the toilet, shade area 1	1			
2 Gives some indication of need to go the toilet, shade areas 1 & 2	2			
3 Sometimes goes the toilet of own accord, shade areas 1,2, & 3	3			

G: Handling clothes at toilet, if:		DATE	DATE	DATE
1 Cannot handle clothes at all, shade area 1	1			
2 Attempts or helps to pull pants down, shade areas 1 and 2	2			
3 Pulls pants down by self, shade areas 1,2,and 3	3			
4 Pulls clothes up and down without help, shade in areas 1,2,3,4	4			

OTHER COMPONENTS		DATE	DATE	DATE
H: Bladder Control, if:				
1 never or rarely passes urine on toilet/potty shade area 1	1			
2 Passes urine on the toilet sometimes, shade areas 1 and 2	2			
3 Passes urine on the toilet every time, shade areas 1,2, and 3	3			
4 Can initiate a void on request, then shade areas 1,2,3, and 4	4			

I: Bowel Control, if:		DATE	DATE	DATE
1 Never or rarely opens bowels on toilet/potty shade area 1				
2 Opens bowels on the toilet sometimes, shade areas 1 and 2				
3 opens bowels on the toilet every time, shade areas 1,2, and 3				

J: Behaviour problem, that interferes with toileting process, e.g. screams when toileted, faecal smears, if:		DATE	DATE	DATE
1 Occurs frequently, i.e. once a day or more, shade area 1				
2 Occurs occasionally i.e. less than once a day then shade areas 1 and 2				
3 Never occurs, then shade area 1,2, and 3				

K: Wears nappies, “pull ups” or similar, if		DATE	DATE	DATE
1 Yes, then shade area 1	1			
2 No, then shade area 1 and 2	2			

L: Toilet if:		DATE	DATE	DATE
1 Requires toileting aids or adaptations then shade area 1	1			
2 Uses normal toilet/potty then shade areas 1 and 2	2			

M: Response to basic commands, e.g. “sit down”, if		DATE	DATE	DATE
1 Never responds to commands, shade area 1	1			
2 Occasionally responds, shade areas 1 and 2	2			
3 Always responds shade areas 1, 2, and 3	3			

N: Diet, if		DATE	DATE	DATE
1 Refuses/unable to eat any fruit /vegetables shade 1	1			
2 Will occasionally eat fruit/vegetables each day, shade 2	2			
3 eats adequate amount (age + 5 = grams fibre), shade 3	3			

O: Fluid intake, if:		DATE	DATE	DATE
1 Drinks poor amount < 50ml/kg per day then shade 1	1			
2 Drinks 50mls/kg per day < (4-5 Drinks), then shade 2	2			
3 Drinks 80ml/kg per day (6+) drinks then shade 3	3			