

HSE Enuresis Clinic SITTA

Child's Dry Nights Record Malem 04/024 Alarm Wk5-8

Regarding:

<p>☐ <i>Patient sticker</i></p> <p>Name</p> <p>Date of birth</p> <p>Address</p> <p>.....</p>	<p>☑ Current treatment: None / Malem 04 Alarm / Other</p> <p>Period starting: / / 2018</p> <p>Period ending: / / 2018</p> <p>Date First Initial Success: / / 2018</p> <p>Date Second Initial Success: / / 2018</p>
<p>☐</p>	<p>☑ Number of dry nights per week (on average):__ / __</p>

If your bed was dry in the morning, write DRY in the box and note if you slept through or woke up (by yourself) to wee. If the bed wasn't dry, please mark the following:

- The size of the wet patch with large/medium/small or measure in cm;
- If you woke up yourself before or after hearing the alarm (= you parent didn't have to wake you);
- If you are using an alarm, please mark the time(s) the alarm was triggered and you got up;
- If you wet a second time, write this down too and record this under "More wets";
- Mark when you have achieved 14 dry nights in a row (First Initial Success) and when you started the Overlearning. Record the date when you have a Second Initial Success and stop using the alarm.

		MON	TUES	WED	THU	FRI	SAT	SUN	Note
Week 5	<i>Size:</i>								
	<i>Woke self:</i>								
	<i>Time up:</i>								
	<i>More wets:</i>								
Week 6	<i>Size:</i>								
	<i>Woke self:</i>								
	<i>Time up:</i>								
	<i>More wets:</i>								
Week 7	<i>Size:</i>								
	<i>Woke self:</i>								
	<i>Time up:</i>								
	<i>More wets:</i>								
Week 8	<i>Size:</i>								
	<i>Woke self:</i>								
	<i>Time up:</i>								
	<i>More wets:</i>								
Total number of dry nights (Please add):									