

HSE Enuresis Clinic Alarm RCT

Child's Dry Nights Record Ramsey-Coote Alarm

Regarding:

<input type="checkbox"/> <i>Patient sticker</i> Name Date of birth Address	<input type="checkbox"/> Current treatment: None / Ramsey-Coote Alarm / Other Period starting: / / 2018 Period ending: / / 2018 Date First Initial Success: / / 2018 Date Second Initial Success: / / 2018
<input type="checkbox"/>	<input type="checkbox"/> Number of dry nights per week (on average):__ / __

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 are using a Ramsey-Coote alarm, record the time elapsed until turning off the alarm;
- If you wet a second time, write this down too in same column (see example)
- 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>Time Elapsed:</i>								
Week 6	<i>Size:</i>								
	<i>Woke self:</i>								
	<i>Time up:</i>								
	<i>Time Elapsed:</i>								
Week 7	<i>Size:</i>								
	<i>Woke self:</i>								
	<i>Time up:</i>								
	<i>Time Elapsed:</i>								
Week 8	<i>Size:</i>								
	<i>Woke self:</i>								
	<i>Time up:</i>								
	<i>Time Elapsed:</i>								
Total number of dry nights (Please add):									