

Dysfunctional Voiding Scoring System (DVSS)

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Over the last month	Almost Never	Less than half the time	About half of the time	Almost every time	Not Available
1. I have had wet clothes or wet underwear during the night.	0	1	2	3	NA
2. When I wet myself, my underwear is soaked.	0	1	2	3	NA
3. I miss having a bowel movement every day.	0	1	2	3	NA
4. I have to push for my bowel movements to come out.	0	1	2	3	NA
5. I only go to the bathroom one or two times each day.	0	1	2	3	NA
6. I can hold onto my pee by crossing my legs, squatting or doing the "pee dance".	0	1	2	3	NA
7. When I have to pee, I cannot wait.	0	1	2	3	NA
8. I have to push to pee.	0	1	2	3	NA
9. When I pee it hurts.	0	1	2	3	NA
10. Parents to answer. Has your child experienced something stressful like the examples below?	No (0)			Yes (3)	
Total					

Examples:

- New baby
- New home
- New school
- School problems
- Abuse (sexual/physical)
- Home problems (divorce/death)
- Special events (birthday)
- Accident/injury
- Other