

6.13 Toileting

The ability to use a toilet or urinal, transferring on/off a toilet, changing menstrual pads, and pulling down/up pants.

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +	
												<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
												Applicable questions for the purposes of this screen have been covered on the Health-Related Services Section.
												<p>Has no awareness of being wet or soiled.</p> <input checked="" type="checkbox"/> Does not know or care that their diaper/underpants are wet or soiled.
												<p>Does not use toilet/potty chair when placed there by a caregiver.</p> <input checked="" type="checkbox"/> Will sit on toilet/potty chair but does not use it to void.
												<p>Incontinent during the day (of bowel and/or bladder).</p> <p>When one does not have physical control of bowel or bladder. When considering whether child is incontinent most of the time, incontinence should be counted by days, not the number of times the child voids each day.</p> <input checked="" type="checkbox"/> Is incontinent once a day on school days (that's most days throughout the week). <input checked="" type="checkbox"/> Has accidents because s/he did not get to bathroom on time. <input checked="" type="checkbox"/> Is wet between self-cathing intervals. <input type="checkbox"/> Uses pull ups to have bowel movements but has control of his/her bowel. <input type="checkbox"/> Behavioral problems involving voiding or defecating. <input type="checkbox"/> Uses a catheter with some leakage.

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												<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
												<p>Needs physical help (other than wiping).</p> <input checked="" type="checkbox"/> Child consistently needs hands on assistance to use toilet. <input type="checkbox"/> Child is not able to wipe him/herself after a bowel movement but is otherwise independent in toileting. <input type="checkbox"/> Needs assistance getting on or off toilet. <input type="checkbox"/> Uses adaptive equipment with toileting (for example: hand bars)
												<p>Needs physical help, step-by-step cues, or a toileting schedule.</p> <p>A “<u>toileting schedule</u>” is when other people must take the child to the toilet at regular times to reduce incontinence. This does not include a child who needs verbal reminders to use the bathroom at regular times.</p> <input checked="" type="checkbox"/> Parent/caregiver performs catheterization or assists the child with cathing. <input checked="" type="checkbox"/> Needs help wiping following a bowel movement. <input checked="" type="checkbox"/> Needs help changing menstrual pads. <input type="checkbox"/> Requests a pull up or diaper for the purpose of defecating in it. <input type="checkbox"/> Can self-cath at regularly scheduled intervals. <input type="checkbox"/> Parent/caregiver wakes a child to urinate at the same time every night to prevent bedwetting. <input type="checkbox"/> Needs assistance getting on or off toilet. <input type="checkbox"/> Uses adaptive equipment with toileting (for example: hand bars)
												<p>Incontinent of bowel during the night.</p>

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