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Appendices

ตารางประเมินผล การรักษา ปัสสาวะรดที่นอน

ชื่อ นามสกุล

อายุ ปี เพศ ID

	คืนที่ 1	2	3	4	5	6	7
มีปัสสาวะรดที่นอน							
ขนาดเส้นผ่าศูนย์กลาง ของรอยเปื้อน (ซม.)							

	คืนที่ 8	29	10	11	12	13	14
มีปัสสาวะรดที่นอน							
ขนาดเส้นผ่าศูนย์กลาง ของรอยเปื้อน (ซม.)							

ตารางการรักษาปัสสาวะรดที่นอน I

ชื่อ นามสกุล

อายุ ปี เพศ ID

	คืนที่ 1	2	3	4	5	6	7
ปลุกตื่น							
เวลาที่ตื่น							
ตัวเลขที่ให้จำ							
ตัวเลขที่เด็กจำได้							

	คืนที่ 8	9	10	11	12	13	14
ปลุกตื่น							
เวลาที่ตื่น							
ตัวเลขที่ให้จำ							
ตัวเลขที่เด็กจำได้							

ตารางการรักษาปีสภาวะรถที่นอน II

ชื่อ นามสกุล

อายุ ปี เพศ ID

	คืนที่ 1	2	3	4	5	6	7
ใช้เครื่องหรือไม่							
ตื่น							
เวลาที่ตื่น							
ตัวเลขที่ให้จำ							
ตัวเลขที่เด็กจำได้							

	คืนที่ 8	9	10	11	12	13	14
ใช้เครื่องหรือไม่							
ปลุกตื่น							
เวลาที่ตื่น							
ตัวเลขที่ให้จำ							
ตัวเลขที่เด็กจำได้							

Table for evaluating the result of treatment

Name _____ Surname _____

Age _____ Sex _____ ID _____

	Night 1	2	3	4	5	6	7
nightwetting							
diameter of urine mark							

	Night 8	9	10	11	12	13	14
nightwetting							
diameter of urine mark							

Table for enuresis treatment I

Name _____ Surname _____

Age _____ Sex _____ ID _____

	Night 1	2	3	4	5	6	7
wakening							
wakening time							
digits told							
digits remembered							

	Night 8	9	10	11	12	13	14
wakening							
wakening time							
digits told							
digits remembered							

Table for enuresis treatment II

Name _____ Surname _____

Age _____ Sex _____ ID _____

	Night 1	2	3	4	5	6	7
use the device							
wakening							
waken time							
digits told							
digits remembered							

	Night 8	9	10	11	12	13	14
use the device							
wakening							
waken time							
digits told							
digits remembered							

QUESTIONNAIRES

ID.....

Name.....

Address.....

Telephone.....

PART I : Demographic data

1. Age : Years

2. Sex : () male () female

3. Marital status : () never married

() married times

() current status () live together

() separated

() divorced

() widowed

number of childrenpersons

4. Religion : () Buddhism

() Christ

() Islam

- () Hindu
 () Others, specify.....

5. Occupation : () government officer
 () business
 () employee
 () agriculturist
 () other, specify.....
 () unemployed

6. Education : () elementary
 () secondary
 () occupational education
 () high degree occupation education
 () bachelor degree
 () higher
 () other, specify.....

7. Income : () enough () with saving () without saving
 () not enough () with debt () without debt
 average income of householdbaht/month

8. Number of members stay in the house.....persons

9. Do you have any knowledge about nocturnal enuresis ?

yes

no

10. Has/Have your child/children the problems of bedwetting ?

yes, how many persons have this problem ?

..... Persons

no

PART II : Bedwetting of your child/children

1. How old is the child now ? Years

2. Has the child still been incontinent ?

yes

no, he/she has been continent at years old

3. The average of urinations per night

4. The average of wetnights per week

5. If the child is still incontinent, when did it start ?

when he/she was a baby

at he was.....years old

6. Had the child ever been dry for a long period of more than 1 year ?

yes, he/she wasyears old

no

7. Has the child any day-time wetting ?

yes

no

8. Frequency of urinations day : night = :

9. Has the child received any treatment before ?

yes, by the method , specify

when

result

no

11. How do you do when the child has bed wetting ?

do nothing

wake him/her up

restrict fluid for his/her drinking

others, specify.....

Name _____ Sex _____ Age _____

Address _____

Telephone _____

Father's name _____ Age _____ Career _____ Education _____

Mother's name _____ Age _____ Career _____ Education _____

1. Treatment _____

2. Number of urinations per night before treatment _____

Number of wetnights per week before treatment _____

3. Type of wakening _____

4. Result of treatment

- remission
- much improve
- improve
- not improve

5. Duration of treatment _____

6. Number of days taken to reach remission _____

Number of wetnights before reaching remission _____

7. Relapse _____

8. Satisfaction score of parent for the method of treatment (VAS) _____

9. Others _____

VITAE



Mrs. Titawee Kaewpornsawan was born on 28 June 1959 , in Bangkok , Thailand. She graduated as Medical Doctor (2nd honor) from Siriraj Hospital , Mahidol University in 1985. In 1989 she got a Thai Board of General Psychiatry from Siriraj Hospital , Faculty of Medicine , Mahidol University and in 1991, a Diplôme Interuniversitaire de Spécialisation Complémentaire de Psychiatrie de l' enfant et de l' adolescent from University of Paris V, France and a Diplôme Universitaire de Psychopathologie du Bebe from University of Paris XIII , France. Since 1995 she has been a member of the Society of Child and Adolescent Psychiatry of France. She has been enrolled in the Master Degree of Science in Health Development at the Faculty of Medicine , Chulalongkorn University since 1996. Her present position is Assistant Professor at the Department of Psychiatry , Faculty of Medicine , Siriraj Hospital , Mahidol University.