

TOILET TRAINING SKILLS CHECKLIST

Child's Name	Parent / Carers name:	DOB:
Address:	School:	Tel:
GP:	Assessor:	PHN:
Date of referral:	Date of assessment:	Referred by:
Past medical history:		Med Card No:
Primary continence problem: toilet training never really achieved Yes / No	Secondary problem: Yes / No	Age child first trained:

Other comments:

Bladder function:	Score	Date	Date	Date
1) More than once per hour	1			
2) Between one / two hourly	2			
3) More than two hourly	3			

CHILDS NAME

DATE OF BIRTH

Bowel function:	Score	Date	Date	Date
1) Has frequent daily soiling.	1			
2) Does not always have formed stool.	2			
3) Has regular formed bowel movements.	3			

Night wetting	Score	Date	Date	Date
1) Every night	1			
2) Occasionally – odd dry night	2			
3) Never wet	3			

Night time bowel movements	Score	Date	Date	Date
1) Every night / frequently	1			
2) Occurs occasionally	2			
3) Never	3			

Sitting on toilet	Score	Date	Date	Date
1) Refuses to sit	1			
2) Sits with help	2			
3) Sits briefly no help	3			
4) Sits long enough to void	4			

CHILDS NAME:

DATE OF BIRTH

Going to the toilet	Score	Date	Date	Date
1) Gives no indication of need to go	1			
2) Gives some indication	2			
3) Sometimes goes of own accord	3			

Handling clothes	Score	Date	Date	Date
1) Cannot handle clothes at all	1			
2) Attempts to pull pants down by self	2			
3) Pulls pants down by self	3			
4) Pulls clothes up and down without help	4			

Bladder control	Score	Date	Date	Date
1) Never or rarely passes urine in toilet / potty	1			
2) Passes urine on toilet sometimes	2			
3) Passes urine on toilet every time	3			
4) Can initiate a void on request	4			

CHILD'S NAME

DATE OF BIRTH

Bowel control	Score	Date	Date	Date
1) Never or rarely opens bowels on toilet / potty	1			
2) Opens bowels on toilet / potty sometimes	2			
3) Opens bowels on toilet / potty every time	3			

Behaviour that interferes with toileting process i.e screams when toileted	Score	Date	Date	Date
1) Occurs frequently	1			
2) Occurs occasionally	2			
3) Never occurs	3			

Wears nappies, pull ups or similar	Score	Date	Date	Date
1) Yes	1			
2) Night only	2			
3) No	3			

Toilet	Score	Date	Date	Date
1) Requires toileting aids.	1			
2) Uses normal toilet / potty	2			

CHILD'S NAME

DATE OF BIRTH

Response to basic commands i.e sit down	Score	Date	Date	Date
1) Never responds to commands	1			
2) Occasionally responds	2			
3) Always responds	3			

Diet	Score	Date	Date	Date
1) Refuses / unable to eat fruit / veg	1			
2) Will occasionally eat fruit / veg	2			
3) Eats adequate amount for age	3			

Fluid intake	Score	Date	Date	Date
1) Poor intake less than 50ml / kg per day	1			
2) Drinks 4 / 5 drinks daily	2			
3) Drinks 6+ drinks daily	3			

Score: 15 – 30 Shows no to limited toileting skills
30 – 39 Shows some amount of toileting skills
39 – 51 Shows all toileting skills

Comments:
Review date:

Adapted from RCN Care Pathway – Paediatric assessment of toilet training readiness and the issuing of products (2006 Royal College of Nursing)