



## Bed-Wetting Questionnaire

You indicated that you habitually wet your bed. Please answer the following questions so we may understand how best to accommodate your condition. This form is not to make provisions for bedding preferences. Specialized conditions may require a participant to bring supplemental linens or liners, as we can only provide you with one sleeping bag. The Assessment Department will contact you if you need to bring extra linens or equipment.

**Student Name:** \_\_\_\_\_ **Course #:** \_\_\_\_\_

1. Length of time in which you have habitually wet the bed (months, years, etc.).

2. Please list incontinence products that you have used and prefer.

Product	Brand	Biodegradable?

3. Is this condition significantly lessened by medication or a comfort item from home?  Yes  No  
If yes, what helps you control your condition?

4. Do you require extra time in the mornings to account for your condition?  Yes  No  
Describe what you would need in the mornings if bed-wetting was a problem for you on course.  
Please be aware that there is little water and few facilities in which to launder linens, and so you may have to wear or use your own soiled clothing or equipment at times.

5. Are you comfortable enough with your condition to share it with your group?  Yes  No  
We at Outward Bound find that on a course is a good opportunity to discuss and process the reality of your situation. Others may have gone through similar experiences and issues may need to be discussed regarding group travel.

6. What do you believe is the reason why you wet the bed at night?

7. What is your nightly routine to prevent bed-wetting?

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**Applicant Signature**

**Date**

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**Parent/Guardian Signature**

**(if applicant is under 21)**

**Date**