KIDNEY CONDITIONS - KIQ

KIQ.020 (Have you/Has SP) ever been told by a doctor or other health professional that (you/s/he) had weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.

YES ........................................ 1
NO ........................................ 2
REFUSED ................................. 7
DON'T KNOW .............................. 9

BOX 1

CHECK ITEM KIQ.030:
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO BOX 2.

KIQ.040 In the past 12 months, (have you/has SP) had difficulty controlling (your/his/her) bladder, including leaking small amounts of urine when (you/s/he) cough(s) or sneez(es)? (Do not include bladder control difficulties during pregnancy or recovery from childbirth.)

CAPI INSTRUCTION:
DISPLAY "DO NOT INCLUDE . . ." ONLY IF SP IS FEMALE.

YES ........................................ 1
NO ........................................ 2 (BOX 2)
REFUSED ................................. 7 (BOX 2)
DON'T KNOW .............................. 9 (BOX 2)

KIQ.060 How frequently does this occur? Would you say this occurs . . .

every day, .............................. 1
a few times a week, ..................... 2
a few times a month, or .......... 3
a few times a year? .................. 4
REFUSED ................................. 7
DON'T KNOW .............................. 9

BOX 2

CHECK ITEM KIQ.070:
IF SP IS FEMALE OR IF SP IS MALE AGE 20-29, GO TO END OF SECTION.
IF SP IS MALE AGE 30-59, GO TO KIQ.120.
IF SP IS MALE AGE >=60, CONTINUE.

KIQ.080 (Do you/Does SP) usually have trouble starting to urinate (pass water)?

YES ........................................ 1
NO ........................................ 2
REFUSED ................................ 7
DON'T KNOW ............................ 9

KIQ.100  After urinating (passing water), does {your/SP’s} bladder feel empty?

YES ....................................... 1
NO .......................................... 2
REFUSED ................................ 7
DON'T KNOW ............................ 9

KIQ.120  {Have you/Has SP} ever been told by a doctor or health professional that {you/he} had an enlarged prostate gland?

YES ....................................... 1
NO .......................................... 2 (KIQ.200)
REFUSED ................................ 7 (KIQ.200)
DON'T KNOW ............................ 9 (KIQ.200)

KIQ.140  Was it a benign enlargement, also called benign prostatic hypertrophy?

YES ....................................... 1
NO .......................................... 2 (KIQ.180)
REFUSED ................................ 7 (KIQ.180)
DON'T KNOW ............................ 9 (KIQ.180)

KIQ.160  How old {were you/was SP} when {you were/he was} first told that {you/he} had benign enlargement of the prostate gland?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ................................ 777
DON'T KNOW ............................ 999

BOX 3

CHECK ITEM KIQ.170:
GO TO KIQ.200.

KIQ.180  Was the enlargement due to cancer?

YES ....................................... 1 (KIQ.220)
NO .......................................... 2
REFUSED ................................ 7
DON'T KNOW ............................ 9

KIQ.200  {Have you/Has SP} ever been told by a doctor or health professional that {you/he} had prostate cancer?

YES ....................................... 1
NO .......................................... 2 (BOX 4)
KIQ.220  How old (were you/was SP) when (you were/he was) first told that (you/he) had prostate cancer?

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<thead>
<tr>
<th></th>
<th>ENTER AGE IN YEARS</th>
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<tbody>
<tr>
<td>REFUSED</td>
<td>777</td>
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<tr>
<td>DON'T KNOW</td>
<td>999</td>
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</table>

**BOX 4**

CHECK ITEM KIQ.230:
IF 'YES' (CODE 1) IN KIQ.120 OR KIQ.200, CONTINUE.
OTHERWISE, GO TO BOX 5.

KIQ.240  (Have you/Has SP) ever had surgery on (your/his/her) prostate gland?

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<tr>
<td>YES</td>
<td>1</td>
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<tr>
<td>NO</td>
<td>2 (BOX 6)</td>
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<tr>
<td>REFUSED</td>
<td>7 (BOX 6)</td>
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<td>DON'T KNOW</td>
<td>9 (BOX 6)</td>
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**BOX 5**

CHECK ITEM KIQ.250:
IF 'YES' (CODE 1) IN KIQ.140 AND 'YES' (CODE 1) IN KIQ.200, CONTINUE.
OTHERWISE, GO TO BOX 6.

KIQ.260  Was it for an enlarged prostate gland that wasn't due to cancer?

IF MORE THAN 1 SURGERY, ASK RESPONDENT TO REFER TO MOST RECENT SURGERY.

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<tr>
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<td>1 (BOX 6)</td>
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<tr>
<td>NO</td>
<td>2</td>
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<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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KIQ.280  Was the surgery for cancer of the prostate gland?

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<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</table>
BOX 6

CHECK ITEM KIQ.290:
IF 'YES' (CODE 1) IN KIQ.180 OR KIQ.200, CONTINUE.
OTHERWISE, GO TO KIQ.320.

KIQ.300  (Have you/Has SP) ever had radiation treatments for prostate cancer?

   YES ........................................... 1
   NO ........................................... 2
   REFUSED ................................... 7
   DON'T KNOW ................................. 9

KIQ.320  (Have you/Has SP) ever had a blood test that (your/his) doctor told (you/him) was being used to check for prostate cancer, called PSA, or Prostate Specific Antigen?

   YES ........................................... 1
   NO ........................................... 2
   REFUSED ................................... 7
   DON'T KNOW ................................. 9

BOX 7

CHECK ITEM KIQ.330:
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

KIQ.340  (Have you/Has SP) ever had a rectal examination?

   YES ........................................... 1
   NO ........................................... 2  (END OF SECTION)
   REFUSED ................................... 7  (END OF SECTION)
   DON'T KNOW ................................. 9  (END OF SECTION)

KIQ.360  Was this done to check for prostate cancer?

   YES ........................................... 1
   NO ........................................... 2
   REFUSED ................................... 7
   DON'T KNOW ................................. 9

KIQ.380  Was this done to check for blood in the stool?

   YES ........................................... 1
   NO ........................................... 2
   REFUSED ................................... 7
   DON'T KNOW ................................. 9