Many people experience leakage of urine. The next few questions ask about urine leakage under different conditions.

During the past 12 months, {have you/has SP} leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?

YES ......................................................... 1
NO ........................................................... 2 (KIQ.044)
REFUSED ............................................... 7 (KIQ.044)
DON’T KNOW ............................................. 9 (KIQ.044)

How frequently does this occur? Would {you/he/she} 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

During the past 12 months, {have you/has SP} leaked or lost control of even a small amount of urine with an urge or pressure to urinate and {you/he/she} couldn’t get to the toilet fast enough?

YES ......................................................... 1
NO ........................................................... 2 (KIQ.046)
REFUSED ............................................... 7 (KIQ.046)
DON’T KNOW ............................................. 9 (KIQ.046)

How frequently does this occur? Would {you/she/he} 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

During the past 12 months, {have you/has SP} leaked or lost control of even a small amount of urine without an activity like coughing, lifting, or exercise, or an urge to urinate?

YES ......................................................... 1
NO ........................................................... 2 (BOX 1)
REFUSED ............................................... 7 (BOX 1)
DON’T KNOW ............................................. 9 (BOX 1)
KIQ.047 How frequently does this occur? Would (you/she/he) 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 1

CHECK ITEM KIQ.048:
IF ‘YES’ (CODE ‘1’) IN KIQ.042 OR KIQ.044 OR KIQ.046,
CONTINUE WITH KIQ.050.
OTHERWISE, GO TO THE END OF SECTION.

KIQ.050 During the past 12 months, how much did (your/her/his) leakage of urine bother (you/ her/him)? Please select one of the following choices:

not at all, .................................................. 1
only a little, .............................................. 2
somewhat, .............................................. 3
very much, or........................................... 4
greatly....................................................... 5
REFUSED ............................................... 7
don’t know .............................................. 9

KIQ.052 During the past 12 months, how much did (your/her/his) leakage of urine affect (your/her/his) day-to-day activities? Please select one of the following choices:

not at all, .................................................. 1
only a little, .............................................. 2
somewhat, .............................................. 3
very much, or........................................... 4
greatly....................................................... 5
REFUSED ............................................... 7
don’t know .............................................. 9