KIDNEY CONDITIONS - KIQ

KIQ.022 {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 (BOX 1)
REFUSED............................................... 7 (BOX 1)
DON’T KNOW............................................ 9 (BOX 1)

KIQ.025 In the past 12 months, {have you/has SP} received dialysis (either hemodialysis or peritoneal dialysis)?

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

BOX 1

CHECK ITEM KIQ.030:
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

KIQ.042 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)

KIQ.043 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

KIQ.044 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
Questionnaire: SP (2001-02)
Target Group: SPs 20+

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

KIQ.045 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

KIQ.046 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 2)
  REFUSED............................................... 7 (BOX 2)
  DON’T KNOW......................................... 9 (BOX 2)

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 2

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
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<th>Response</th>
<th>Code</th>
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<tr>
<td>somewhat,</td>
<td>3</td>
</tr>
<tr>
<td>very much, or</td>
<td>4</td>
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<td>greatly</td>
<td>5</td>
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<td>REFUSED</td>
<td>7</td>
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<tr>
<td>DON'T KNOW</td>
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