

## 2003-04 Questionnaire

### KIDNEY CONDITIONS - KIQ\_C

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
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 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