2003-04 Questionnaire

KIDNEY CONDITIONS - KIQ_C

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?
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 your/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:
<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>1</td>
</tr>
<tr>
<td>only a little</td>
<td>2</td>
</tr>
<tr>
<td>somewhat</td>
<td>3</td>
</tr>
<tr>
<td>very much, or</td>
<td>4</td>
</tr>
<tr>
<td>greatly</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
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</tbody>
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