05KIQ.005 Many people have leakage of urine. The next few questions ask about urine leakage.

How often {do you/does SP} have urinary leakage? Would {you/s/he} say . . .

CAPI INSTRUCTION:
HELP SCREEN: Other terms for urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, loss of urine control.

never, ............................................................ 1 (KIQ.042)
less than once a month, ................................. 2
a few times a month, ..................................... 3
a few times a week, or ................................... 4
every day and/or night? ................................. 5
REFUSED ..................................................... 7 (KIQ.042)
DON'T KNOW ............................................. 9 (KIQ.042)

05KIQ.010 How much urine {do you/does SP} lose each time? Would {you/s/he} say . . .

drops, ............................................................ 1
small splashes, or ......................................... 2
more? ............................................................ 3
REFUSED ..................................................... 7
DON'T KNOW ............................................. 9

KIQ.042 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)

05KIQ.430 How frequently does this occur? Would {you/s/he} say this occurs . . .

less than once a month, ................................. 1
a few times a month, ..................................... 2
a few times a week, or ................................... 3
every day and/or night? ................................. 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/s/he) couldn’t get to the toilet fast enough?

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

05KIQ.450  How frequently does this occur? Would (you/s/he) say this occurs . . .

less than once a month,.................................  1
a few times a month,.................................  2
a few times a week, or .................................  3
every day and/or night? ...............................  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 (05BOX 1)
REFUSED .....................................................  7 (05BOX 1)
DON'T KNOW .................................................  9 (05BOX 1)

05KIQ.470  How frequently does this occur? Would (you/s/he) say this occurs . . .

less than once a month,.................................  1
a few times a month,.................................  2
a few times a week, or .................................  3
every day and/or night? ...............................  4
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

05BOX 1

CHECK ITEM KIQ.048A:
- IF 'YES' (CODED '1') IN KIQ.042 OR KIQ.044 OR KIQ.046, CONTINUE WITH KIQ.050.
- OTHERWISE, GO TO 05KIQ.480.
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/his/her} leakage of urine affect {your/his/her} 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

05KIQ.480  During the past 30 days, how many times per night did {you/SP} most typically get up to urinate, from the time {you/he/she} went to bed at night until the time {you/he/she} got up in the morning. Would {you/SP} say:

- 0, ................................................................... 1
- 1, ................................................................... 2
- 2, ................................................................... 3
- 3, ................................................................... 4
- 4, ................................................................... 5
- 5 or more? ....................................................... 6
- REFUSED ............................................................ 7
- DON'T KNOW ..................................................... 9

05BOX 2

CHECK ITEM KIQ.070:
- IF SP FEMALE, GO TO END OF SECTION.
- IF SP MALE AGE 20-39, GO TO 05KIQ.490.
- OTHERWISE, CONTINUE WITH KIQ.080.

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/his} bladder feel empty?

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<tr>
<td>REFUSED</td>
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<tr>
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05KIQ.490  The next set of questions is about men’s health including urinary and prostate problems. The prostate is a gland located just below the bladder.

{Have you/Has SP} ever been told by a doctor or health professional that {you have/he has} any disease of the prostate? This includes an enlarged prostate.

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<tr>
<td>REFUSED</td>
<td>7</td>
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05BOX 3

CHECK ITEM KIQ.170:
- IF SP AGE IS 20-39, GO TO END OF SECTION.
- OTHERWISE, CONTINUE WITH KIQ.120.

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

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KIQ.140  Was it a benign enlargement — that is, not cancerous, also called benign prostatic hypertrophy?

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<td>REFUSED</td>
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<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</table>

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

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<td>DON'T KNOW</td>
<td>999</td>
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CHECK ITEM KIQ.230:
★ GO TO KIQ.360.

KIQ.180  Was the enlargement due to cancer?

YES ...............................................................  1
NO .................................................................  2
REFUSED .....................................................  7

KIQ.360  {Have you/Has SP} ever had a rectal examination to check for prostate cancer?  A rectal examination is usually done by a doctor who inserts a finger in the rectum to check for problems.

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