KIDNEY CONDITIONS - KIQ
New Target Group: SPs 20+

KIQ.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)

KIQ.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)

KIQ.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)

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

KIQ.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

BOX 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 KIQ.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

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

- 0, ................................................................... 0
- 1, ................................................................... 1
- 2, ................................................................... 2
- 3, ................................................................... 3
- 4, ................................................................... 4
- 5 or more? ..................................................... 5
- REFUSED ..................................................... 77
- DON’T KNOW .................................................. 99