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
drop 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 . . .

HAND CARD KIQ1

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 . . .

HAND CARD KIQ1

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 . . .

HAND CARD KIQ1

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.
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

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

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/s/he} say . . .

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