

**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

<p><b>BOX 1</b></p> <p><b>CHECK ITEM KIQ.030:</b> IF SP AGE &gt;= 60, CONTINUE. OTHERWISE, GO TO END OF SECTION.</p>
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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 (KI.Q.046)
- REFUSED ..... 7 (KI.Q.046)
- DON'T KNOW ..... 9 (KI.Q.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 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 {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 {you/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