

**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 . . .

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.

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