

KIDNEY CONDITIONS - KIQ

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

BOX 1

CHECK ITEM KIQ.030:
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

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 (KIQ.046)
REFUSED..... 7 (KIQ.046)
DON'T KNOW..... 9 (KIQ.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 {your/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