

## 2005-06 Questionnaire

### KIDNEY CONDITIONS (UROLOGY) – KIQ\_U Target Group: SPs 20+

**Note:**

Questions KIQ.022 and KIQ.025 were asked in the Household questionnaire. Questions KIQ.005-KIQ.480 were administered in the Mobile Examination Center (MEC). Please refer to [http://www.cdc.gov/nchs/data/nhanes/nhanes\\_05\\_06/mi\\_kiq\\_d.pdf](http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/mi_kiq_d.pdf) for the complete MEC Kidney Conditions questionnaire which includes questions on prostate conditions.

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 (END OF SECTION)
REFUSED .....	7 (END OF SECTION)
DON'T KNOW .....	9 (END OF SECTION)

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

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 . . .

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 (05BOX 1)
- REFUSED ..... 7 (05BOX 1)
- DON'T KNOW ..... 9 (05BOX 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

05BOX 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 05KIQ.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, ..... 1
- 1, ..... 2
- 2, ..... 3
- 3, ..... 4
- 4, ..... 5
- 5 or more? ..... 6
- REFUSED ..... 7
- DON'T KNOW ..... 9