Physical rehabilitation or “rehab” services can help you improve function and the ability to carry out daily activities. Services include physical therapy, occupational therapy, and speech therapy. Rehab can be received in different settings. For instance, while you are staying in the hospital, after a hospital stay in a nursing home or rehab facility, at a doctor’s or therapist’s office or clinic, or at home.

In the last year, {have you/has SP} received any rehab services?

CODES
1 YES
2 NO
REFUSED
DON’T KNOW

If RH1=1 (YES) go to RH1A.
Otherwise, go to Section SD – Smoking.

In the last year, for about how many months altogether did {you/SP} receive rehab services?

Was it for less than one month, one to three months, four to five months, or six or more months?

CODES
1 LESS THAN 1 MONTH
2 1 TO 3 MONTHS
3 4 TO 5 MONTHS
4 6 OR MORE MONTHS
REFUSED
DON’T KNOW

In the last year, for about how many weeks altogether did {you/SP} receive rehab services? Was it less than
one week, one to two weeks, or three to four weeks?

CODES
1 LESS THAN 1 WEEK
2 1 TO 2 WEEKS
3 3 TO 4 WEEKS
4 REFUSED
5 DON'T KNOW

RH2

DISPLAY INSTRUCTIONS:
Display “last year” in underlined text.

QUESTION TEXT:
We are interested in the reasons {you/SP} received rehab in the last year.
Did {you/SP} receive rehab to help {you/him/her} recover following surgery?

CODES
1 YES
2 NO
3 REFUSED
4 DON'T KNOW

RH3

DISPLAY INSTRUCTIONS:
Display “main medical condition” in underlined text.

QUESTION TEXT:
SHOW CARD RH3/4
Please look at this card and tell me, what was the main medical condition for which {you/SP} had surgery?

CODES
1 A FRACTURE, SPRAIN, OR INJURY
2 A HIP, KNEE OR OTHER JOINT REPLACEMENT
3 ANOTHER MUSCULOSKELETAL CONDITION
4 A STROKE OR TIA
5 A HEART ATTACK
6 ANOTHER HEART CONDITION OR VASCULAR DISEASE
7 A BREATHING CONDITION
8 A NEUROLOGICAL CONDITION LIKE MS OR PARKINSON'S
9 CANCER
94 ANOTHER CONDITION (SPECIFY)
95 NO MEDICAL CONDITION (IF VOLUNTEERED)
10 REFUSED
11 DON'T KNOW
QUESTION TEXT:
SPECIFY OTHER MEDICAL CONDITION TARGETED BY SURGERY

ENTER TEXT
LENGTH 50

PROGRAMMER INSTRUCTIONS:
Go to RH5.

DISPLAY INSTRUCTIONS:
Display “main medical condition” in underlined text.

QUESTION TEXT:
SHOW CARD RH3/4
Please look at this card and tell me, what was the main medical condition for which {you/SP} received rehab in the last year?

CODES
1 A FRACTURE, SPRAIN, OR INJURY RH5
2 A HIP, KNEE OR OTHER JOINT REPLACEMENT ANOTHER RH5
3 MUSCULOSKELETAL CONDITION RH5
4 A STROKE OR TIA RH5
5 A HEART ATTACK RH5
6 ANOTHER HEART CONDITION OR VASCULAR DISEASE RH5
7 A BREATHING CONDITION RH5
8 A NEUROLOGICAL CONDITION LIKE MS OR PARKINSON'S RH5
9 CANCER RH5
94 ANOTHER CONDITION (SPECIFY) RH5
95 NO MEDICAL CONDITION (IF VOLUNTEERED) RH5
REFUSED RH5
DON'T KNOW RH5

QUESTION TEXT:
SPECIFY OTHER MEDICAL CONDITION

ENTER TEXT
LENGTH 50

RH5
rh5funcback R5 RH5 IMPROVE FUNCTION IN BACK
rh5funchips R5 RH5 IMPROVE FUNCTION IN HIPS
rh5funcnnees R5 RH5 IMPROVE FUNCTION IN KNEES
rh5funcfeet R5 RH5 IMPROVE FUNCTION IN FEET
rh5funchands R5 RH5 IMPROVE FUNCTION IN HANDS
**rh5funcwrist**  
R5 RH5 IMPROVE FUNCTION IN WRIST

**rh5funcshold**  
R5 RH5 IMPROVE FUNCTION IN SHOULDERS

**rh5funhead**  
R5 RH5 IMPROVE FUNCTION IN HEAD

**rh5funcneck**  
R5 RH5 IMPROVE FUNCTION IN NECK

**rh5funarms**  
R5 RH5 IMPROVE FUNCTION IN ARMS

**rh5funclegs**  
R5 RH5 IMPROVE FUNCTION IN LEGS

**rh5funcstom**  
R5 RH5 IMPROVE FUNCTION IN STOMACH

**rh5funcmouth**  
R5 RH5 IMPROVE FUNCTION IN MOUTH

**rh5funheart**  
R5 RH5 IMPROVE FUNCTION IN HEART

**rh5funlungs**  
R5 RH5 IMPROVE FUNCTION IN LUNGS (From Other Specify)

**rh5funcos**  
R5 RH5 IMPROVE FUNCTION OTHER SPECIFY

**rh5funcnotsp**  
R5 RH5 IMPROVE FUNCTION NO SPECIFIC PLACE

---

**QUESTION TEXT:**

SHOW CARD RH5

Next, please look at this card and tell me where {you were/SP was} trying to improve function?

PROBE: Anywhere else?

SELECT ALL THAT APPLY

<table>
<thead>
<tr>
<th>CODES</th>
<th>Code All That Apply</th>
<th>RH5A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BACK</td>
<td>RH6</td>
</tr>
<tr>
<td>2</td>
<td>HIP(S)</td>
<td>RH6</td>
</tr>
<tr>
<td>3</td>
<td>KNEES(S)</td>
<td>RH6</td>
</tr>
<tr>
<td>4</td>
<td>FEET</td>
<td>RH6</td>
</tr>
<tr>
<td>5</td>
<td>HAND(S)</td>
<td>RH6</td>
</tr>
<tr>
<td>6</td>
<td>WRIST(S)</td>
<td>RH6</td>
</tr>
<tr>
<td>7</td>
<td>SHOULDER(S)</td>
<td>RH6</td>
</tr>
<tr>
<td>8</td>
<td>HEAD</td>
<td>RH6</td>
</tr>
<tr>
<td>9</td>
<td>NECK</td>
<td>RH6</td>
</tr>
<tr>
<td>10</td>
<td>ARM(S)</td>
<td>RH6</td>
</tr>
<tr>
<td>11</td>
<td>LEG(S)</td>
<td>RH6</td>
</tr>
<tr>
<td>12</td>
<td>STOMACH</td>
<td>RH6</td>
</tr>
<tr>
<td>13</td>
<td>MOUTH OR THROAT</td>
<td>RH6</td>
</tr>
<tr>
<td>14</td>
<td>HEART</td>
<td>RH6</td>
</tr>
<tr>
<td>94</td>
<td>OTHER PLACES (SPECIFY)</td>
<td>RH6</td>
</tr>
<tr>
<td>95</td>
<td>NO SPECIFIC PLACE (IF VOLUNTEERED)</td>
<td>RH6</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>RH6</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>RH6</td>
</tr>
</tbody>
</table>

**RH5A**  
NOT ON FILE
**QUESTION TEXT:**

**SPECIFY OTHER BODY STRUCTURES TARGETED BY THERAPY**

**ENTER TEXT**

| Length | 50 |

**DISPLAY INSTRUCTIONS:**

Display “which of these problems” in underlined text.

**QUESTION TEXT:**

**SHOW CARD RH6**

Next, please look at this card and tell me which of these problems {were you/was SP} trying to improve?

PROBE: Any others?

SELECT ALL THAT APPLY

**CODES**

1. DIFFICULTY CHEWING OR SWALLOWING
2. DIFFICULTY SPEAKING OR BEING UNDERSTOOD
3. PAIN LEVEL
4. PROBLEM WITH BREATHING
5. PROBLEM WITH STRENGTH (MUSCLE WEAKNESS)
6. PROBLEM WITH MOVEMENT (RANGE OF MOTION)
7. LOW ENERGY LEVEL
8. PROBLEM WITH BALANCE OR COORDINATION
PROBLEM WITH FALLS
PROBLEM WITH MEMORY
NONE OF THESE PROBLEMS
REFUSED
DON’T KNOW

<table>
<thead>
<tr>
<th>RH6B</th>
<th>RH6C</th>
</tr>
</thead>
<tbody>
<tr>
<td>rh5impbed</td>
<td>rh5impsc</td>
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<tr>
<td>rh5impwalk</td>
<td>rh5imphh</td>
</tr>
<tr>
<td>rh5impleave</td>
<td>rh5impcomp</td>
</tr>
<tr>
<td>rh5impdistnc</td>
<td>rh5impwork</td>
</tr>
<tr>
<td>R5 RH6B IMPROVE GETTING OUT OF BED</td>
<td>R5 RH6C IMPROVE CARING FOR SELF</td>
</tr>
<tr>
<td>R5 RH6B IMPROVE WALKING INSIDE HOME</td>
<td>R5 RH6C IMPROVE HOUSEHOLD ACTIVITIES</td>
</tr>
<tr>
<td>R5 RH6B IMPROVE LEAVING HOME OUTSIDE</td>
<td>R5 RH6C IMPROVE USING COMPUTER TABLET</td>
</tr>
<tr>
<td>R5 RH6B IMPROVE WALKING DISTANCES OUTSIDE</td>
<td>R5 RH6C IMPROVE WORKING</td>
</tr>
<tr>
<td>R5 RH6B IMPROVE CLIMBING STAIRS</td>
<td></td>
</tr>
<tr>
<td>R5 RH6B IMPROVE DRIVING</td>
<td></td>
</tr>
<tr>
<td>R5 RH6B IMPROVE USING OTHER TRANSPORTATION</td>
<td></td>
</tr>
<tr>
<td>R5 RH6B IMPROVE NONE OF THESE MOBIL ACT</td>
<td></td>
</tr>
</tbody>
</table>

DISPLAY INSTRUCTIONS:
Display “which of these” in underlined text.

QUESTION TEXT:
Sometimes rehab focuses on improving ways of moving or getting around. Please look at this card and tell me which of these {were you/was SP} trying to improve?

PROBE: Any others?

SELECT ALL THAT APPLY

CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GETTING OUT OF BED</td>
</tr>
<tr>
<td>2</td>
<td>WALKING AROUND INSIDE AT HOME</td>
</tr>
<tr>
<td>3</td>
<td>LEAVING HOME TO GO OUTSIDE</td>
</tr>
<tr>
<td>4</td>
<td>WALKING DISTANCES OUTSIDE (SEVERAL BLOCKS)</td>
</tr>
<tr>
<td>5</td>
<td>CLIMBING STAIRS</td>
</tr>
<tr>
<td>6</td>
<td>DRIVING</td>
</tr>
<tr>
<td>7</td>
<td>USING OTHER FORMS OF TRANSPORTATION</td>
</tr>
<tr>
<td>95</td>
<td>NONE OF THESE</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW</td>
</tr>
</tbody>
</table>

SHOW CARD RH6B
DISPLAY INSTRUCTIONS:
Display “which of these” in underlined text.

QUESTION TEXT:

SHOW CARD RH6C

Sometimes rehab focuses on improving the ability to carry out specific activities. Please look at this card and tell me which of these activities {were you/was SP} trying to improve?

PROBE: Any others?

SELECT ALL THAT APPLY

CODES
1 CARING FOR SELF (WASHING UP, TOILETING, DRESSING, EATING)
2 HOUSEHOLD TASKS (SHOPPING FOR GROCERIES, PREPARING MEALS, DOING LAUNDRY)
3 USING A COMPUTER, LAPTOP OR TABLET
4 WORKING OR VOLUNTEERING
5 PROVIDING CARE TO SOMEONE ELSE
6 PARTICIPATING IN SOCIAL, RELIGIOUS, OR COMMUNITY ACTIVITIES
95 NONE OF THESE ACTIVITIES
REFUSED
DON’T KNOW

RH6D

rh5devcane R5 RH6D THERAPIST RECOMMEND CANE WALKER
rh5devwhlch R5 RH6D THERAPIST RECOMMEND WHEELCH REL SCHAR SCOOTER
rh5devramp R5 RH6D THERAPIST RECOMMEND ENTRANCE RAMP
rh5devstair R5 RH6D THERAPIST RECOMMEND STAIR LIFT GLIDE
rh5devtub R5 RH6D THERAPIST RECOMMEND GRABBAR TUB SEAT
rh5devtoil R5 RH6D THERAPIST RECOMMEND GRABBAR TOIL SEAT
rh5deveat R5 RH6D THERAPIST RECOMMEND ADAPTED UTENSIL
rh5devdres R5 RH6D THERAPIST RECOMMEND DRESSING DEV
rh5devgrab R5 RH6D THERAPIST RECOMMEND REACHER GRABBER
rh5devcomp R5 RH6D THERAPIST RECOMMEND COMPUTER DEVICE

VOLUNTEERING
R5 RH6C IMPROVE PROVIDING CARE
R5 RH6C IMPROVE PARTICIPATING ACTIVITIES
R5 RH6C IMPROVE NONE OF THESE ACTIVITIES
DISPLAY INSTRUCTIONS:
Use “Same Question Stem” display.

If STRUCTURE flag = 2 (MULTI-UNIT) and HO2=1 (COMMON OR SHARED ENTRANCE), do not display RH6D3.

If STRUCTURE flag = 2 (MULTI-UNIT) or HO5=1 (ONE FLOOR), do not display RH6D4.

If HO11A= 2 (NO BATHTUB) and HO11B = 1 (YES, SHOWER STALL), display “shower” in RH6D5.
Else if HO11a = 1 (YES, BATHTUB) and HO11b = 2 (NO SHOWER STALL), display “tub area” in RH6D5.
Otherwise, display “shower or tub area” in RH6D5.

If DROVEINLASTYEAR flag <> 1 (YES), use null display in RH6D11.
Otherwise, display “or {drive/drives}” in RH6D11.

If at RH6D1, do not display question text in brackets.
Otherwise, display question text in brackets.

QUESTION TEXT:
{{}}Rehab therapists sometimes recommend devices or equipment to make activities easier, safer or so patients can do them on their own.

In the last year did any of {your/SP's} therapists recommend... {{}}
{variable text [a – l]}

RESPONSE [1] a. a cane or walker?
RESPONSE [2] b. a wheelchair or scooter?
RESPONSE [3] c. a ramp at the entrance to {your/SP's} home?
RESPONSE [4] d. a stair lift or stair glide?
RESPONSE [5] e. a grab bar or seat in the {{shower} or {tub area}}?

IF NEEDED: A grab bar is designed to help you steady yourself. It may be attached to the wall or built into the shower or tub. Do not include towel racks. A seat includes a chair, stool, or bench used in the shower or bathtub. Some seats are placed in the shower or tub, others are built in.

RESPONSE [6] f. grab bars or a raised seat for the toilet?

IF NEEDED: A grab bar is designed to help you steady yourself. It may be attached to the wall or built into the shower or tub. Do not include towel racks.

RESPONSE [7] g. adapted utensils to help with eating or cutting up food?
RESPONSE [8] h. special items to help with dressing such as buttonhooks or clothes that are designed to get on and off easily?
RESPONSE [9] i. a reacher or grabber to pick up things more easily?
RESPONSE [10] j. adaptive devices for a computer, laptop or tablet?
RESPONSE [11] k. adaptive devices for the car that {you ride/SP rides} in{ or {drive/drives}}?
RESPONSE [12] l. other changes to the home environment to help with daily tasks?

CODES
1     YES
2     NO
       REFUSED
<table>
<thead>
<tr>
<th>RH7</th>
<th>rh5place1</th>
<th>R5 RH7A RECEIVE REHAB OVERNIGHT HOSP NH REHAB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rh5place2</td>
<td>R5 RH7B RECEIVE REHAB OUTPATIENT</td>
</tr>
<tr>
<td></td>
<td>rh5place3</td>
<td>R5 RH7C RECEIVE REHAB HOME</td>
</tr>
<tr>
<td></td>
<td>rh5place4</td>
<td>R5 RH7D RECEIVE REHAB SOMEWHERE ELSE</td>
</tr>
</tbody>
</table>

DISPLAY INSTRUCTIONS:
Use “Same Question Stem” display.

Display "where" in underlined text.

If at RH7A, do not display question text in brackets.
Otherwise, display question text in brackets.

QUESTION TEXT:

{[}Next, we are interested in where {you/SP} received rehab services in the last year.

In the last year, did {you/SP} receive rehab … {]}

RESPONSE [1] a. as an overnight patient in a hospital, nursing home, or rehab facility?
RESPONSE [2] b. at an outpatient center, clinic, or doctor’s or therapist’s office?
RESPONSE [3] c. at home?
RESPONSE [4] d. somewhere else?

CODES

1 YES
2 NO
REFUSED
dON’T KNOW

BOX RH7E

If RH7D=1 (YES) go to RH7E.
Otherwise, go to Box RH8.

RH7E

rh5place5

R5 RH7E RECEIVE REHAB OTHER SPECIFY PLACE TYPE

QUESTION TEXT:
SPECIFY WHERE SP RECEIVED REHAB

ENTER TEXT
LENGTH

50

BOX RH8

If more than one item at RH7A-D = 1 (YES), go to RH8.
Otherwise, go to RH9.

RH8

rh5placelast

R5 RH8 PLACE LAST RECEIVED REHAB
DISPLAY INSTRUCTIONS:
Display “last” in underlined text.

If RH7A = 1 (YES), display “as an overnight patient in a hospital, nursing home, or rehab facility” and response option 1. OVERNIGHT PATIENT IN HOSPITAL, NURSING HOME, OR REHAB FACILITY.

If RH7B = 1 (YES), display “at an outpatient center, clinic, or doctor’s or therapists office” and response option 2. OUTPATIENT CENTER, CLINIC, DOCTOR’S OR THERAPISTS OFFICE.

If RH7C = 1 (YES), display “at home” and response option 3. HOME.
If RH7D = 1 (YES), display “at {TEXT FROM RH7E}” and response option 4. SOMEWHERE ELSE.

Display “or” between places received services.

QUESTION TEXT:
Which place did {you/SP} last receive these services? Was it {as an overnight patient in a hospital, nursing home, or rehab facility/at an outpatient center, clinic, or doctor’s or therapists office/at home/at {TEXT FROM RH7E}}?

CODES
1  OVERNIGHT PATIENT IN HOSPITAL, NURSING HOME, OR REHAB FACILITY
2  OUTPATIENT CENTER, CLINIC, DOCTOR’S OR THERAPISTS OFFICE
3  HOME
4  SOMEWHERE ELSE

RH9

QUESTION TEXT:
While {you were/SP was} receiving rehab services in the last year, did {your/his/her} functioning and ability to do activities improve, get worse, or stay about the same?

CODES
1  IMPROVED
2  GOT WORSE
3  STAYED ABOUT THE SAME
4  VARIED/UP AND DOWN (IF VOLUNTED)

RH9A

QUESTION TEXT:
Did it improve a lot, somewhat, or a little?

CODES
1  A LOT
2  SOMewhat
3  A LITTLE
PROGRAMMER INSTRUCTIONS:
Go to RH10.

RH9B  
**rh5abilworse**  
R5 RH9A HOW MUCH FUNCTIONING WORSE IN REHAB

**QUESTION TEXT:**
Did it get a lot worse, somewhat worse or a little worse?

**CODES**
1 A LOT
2 SOMewhat
3 A LITTLE
4 REFUSED
5 DON'T KNOW

RH10  
**rh5rehabnow**  
R5 RH10 STILL RECEIVING REHAB

**DISPLAY INSTRUCTIONS:**
Display “still” in underlined text.

**QUESTION TEXT:**
{Are you/Is SP} still receiving rehab services?

**CODES**
1 YES
2 NO
3 REFUSED
4 DON'T KNOW

BOX RH11
**BOX RH11**  
NOT ON FILE

If RH10=2 (NO) go to RH11.  
Otherwise, go to Section SD – Smoking.

RH11  
**rh5metgoals**  
R5 RH11 MET GOALS WHEN REHAB ENDED

**QUESTION TEXT:**
When {your/SP’s} rehab services ended, had {you/SP} met all or most of {your/his/her} goals?

**CODES**
1 YES
2 NO
3 REFUSED
4 DON'T KNOW

RH12  
**rh5metinsur**  
R5 RH12 MET INSURANCE LIMIT WHEN REHAB ENDED
QUESTION TEXT:
When {your/SP's} rehab services ended, had {you/SP} met the limit of {your/his/her} insurance coverage?

CODES
1 YES
2 NO
3 REFUSED
4 DON'T KNOW

RH13  
rh5abilnow  
R5 RH13 FUNCTIONING IMPROVE WHEN REHAB ENDED

QUESTION TEXT:
Since {your/SP's} rehab services ended, have {your/his/her} functioning and ability to do activities improved, got worse, or stayed about the same?

CODES
1 IMPROVED
2 GOT WORSE
3 STAYED ABOUT THE SAME
4 VARIED/UP AND DOWN (IF VOLUNTEERED)
5 REFUSED
6 DON'T KNOW

RH14  
rh5nowimp  
R5 RH14 HOW MUCH FUNCTION IMPROVE AFTER REHAB

QUESTION TEXT:
Did it improve a lot, somewhat, or a little?

CODES
1 A LOT
2 SOMEWHAT
3 A LITTLE
4 REFUSED
5 DON'T KNOW

PROGRAMMER INSTRUCTIONS:
Go to Section SD – Smoking.

RH15  
rh5nowworse  
R5 RH15 HOW MUCH FUNCTION WORSE AFTER REHAB

QUESTION TEXT:
Did it get a lot worse, somewhat worse, or a little worse?

CODES
1 A LOT
2     SOMEWHAT
3     A LITTLE
     REFUSED
     DON'T KNOW

PROGRAMMER INSTRUCTIONS:
  Go to Section SD – Smoking.