**NHATS Round 6**

**Section** | **RH** | **[Rehabilitation]** | **Sequence: 26**
---|---|---|---

**RH1** | rh6rehab | R6 RH1 RECEIVED REHAB IN LAST YEAR

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

**QUESTION TEXT:**
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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>3</td>
<td>REFUSED</td>
</tr>
<tr>
<td>4</td>
<td>DON’T KNOW</td>
</tr>
</tbody>
</table>

**BOX RH1**

**BOX RH1**

NOT ON FILE

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

**RH1A** | rh6rehabmo | R6 RH1A MONTHS OF REHAB

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

**QUESTION TEXT:**
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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<td>1</td>
<td>LESS THAN 1 MONTH</td>
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<td>2</td>
<td>1 TO 3 MONTHS</td>
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<td>3</td>
<td>4 TO 5 MONTHS</td>
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<tr>
<td>4</td>
<td>6 OR MORE MONTHS</td>
</tr>
<tr>
<td>5</td>
<td>REFUSED</td>
</tr>
<tr>
<td>6</td>
<td>DON’T KNOW</td>
</tr>
</tbody>
</table>

**RH1B** | rh6rehabweek | R6 RH1B WEEKS OF REHAB

**DISPLAY INSTRUCTIONS:**
Display “last year” in underlined text.
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  rh6rehabsur  R6 RH2 REHAB POST SURGERY

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  RH4
2  NO   RH4
3  REFUSED  RH4
4  DON'T KNOW  RH4

RH3  rh6surgcond  R6 RH3 MAIN MED CONDITION FOR SURGERY

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

QUESTION TEXT:
SHOW CARD RH1
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  RH5
2  A HIP, KNEE OR OTHER JOINT REPLACEMENT  RH5
3  ANOTHER 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
10  REFUSED  RH5
11  DON'T KNOW  RH5
**RH3B**

**QUESTION TEXT:**

SPECIFY OTHER MEDICAL CONDITION TARGETED BY SURGERY

**ENTER TEXT**

LENGTH 50

**PROGRAMMER INSTRUCTIONS:**

Go to RH5.

---

**RH4**

**rh6rehabcond**

R6 RH4 MAIN MED CONDITION FOR REHAB

**DISPLAY INSTRUCTIONS:**

Display “main medical condition” in underlined text.

**QUESTION TEXT:**

SHOW CARD RH1

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

---

**RH4B**

**rh6funcback**

R6 RH5 IMPROVE FUNCTION IN BACK

**rh6funchips**

R6 RH5 IMPROVE FUNCTION IN HIPS

**rh6funcknees**

R6 RH5 IMPROVE FUNCTION IN KNEES

**rh6funcfeet**

R6 RH5 IMPROVE FUNCTION IN FEET

**rh6funchands**

R6 RH5 IMPROVE FUNCTION IN HANDS
**RH6 Func Wrist**  
R6 RH5 IMPROVE FUNCTION IN WRIST

**RH6 Func Shoulder**  
R6 RH5 IMPROVE FUNCTION IN SHOULDERS

**RH6 Func Head**  
R6 RH5 IMPROVE FUNCTION IN HEAD

**RH6 Func Neck**  
R6 RH5 IMPROVE FUNCTION IN NECK

**RH6 Func Arms**  
R6 RH5 IMPROVE FUNCTION IN ARMS

**RH6 Func Legs**  
R6 RH5 IMPROVE FUNCTION IN LEGS

**RH6 Func Stomach**  
R6 RH5 IMPROVE FUNCTION IN STOMACH

**RH6 Func Mouth**  
R6 RH5 IMPROVE FUNCTION IN MOUTH

**RH6 Func Heart**  
R6 RH5 IMPROVE FUNCTION IN HEART

**RH6 Func Lungs**  
R6 RH5 IMPROVE FUNCTION IN LUNGS  
(From Other Specify)

**RH6 Func Other**  
R6 RH5 IMPROVE FUNCTION OTHER SPECIFY

**RH6 Func No Specific Place**  
R6 RH5 IMPROVE FUNCTION NO SPECIFIC PLACE

---

**QUESTION TEXT:**

SHOW CARD RH2

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

---

**CODES**

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<th>Code</th>
<th>Description</th>
<th>Response</th>
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<tbody>
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<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>
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<td>WRIST(S)</td>
<td>RH6</td>
</tr>
<tr>
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<td>SHOULDER(S)</td>
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</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>
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<tr>
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<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>15</td>
<td>LUNGS</td>
<td>RH6</td>
</tr>
<tr>
<td>94</td>
<td>OTHER PLACES (SPECIFY)</td>
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<tr>
<td>95</td>
<td>NO SPECIFIC PLACE (IF VOLUNTEERED)</td>
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<td>96</td>
<td>REFUSED</td>
<td>RH6</td>
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<td></td>
<td>DON'T KNOW</td>
<td>RH6</td>
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</table>

**PROGRAMMER INSTRUCTIONS:**

Response code 95 cannot be selected in combination with any other code. Display error message
“INCONSISTENT ANSWER. ‘NO SPECIFIC PLACE’ CANNOT BE SELECTED WITH ANY OTHER CATEGORY” when leaving the screen.

<table>
<thead>
<tr>
<th>QUESTION TEXT:</th>
<th>SPECIFY OTHER BODY STRUCTURES TARGETED BY THERAPY</th>
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**ENTER TEXT**

| Length | 50 |

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<tbody>
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<td>DIFFICULTY CHEWING OR SWALLOWING</td>
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<tr>
<td>2</td>
<td>DIFFICULTY SPEAKING OR BEING UNDERSTOOD</td>
</tr>
<tr>
<td>3</td>
<td>PAIN LEVEL</td>
</tr>
</tbody>
</table>

**DISPLAY INSTRUCTIONS:**

Display “which of these problems” in underlined text.

**QUESTION TEXT:**

SHOW CARD RH3

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
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
9 PROBLEM WITH FALLS
10 PROBLEM WITH MEMORY
95 NONE OF THESE PROBLEMS

REFUSED
DON'T KNOW

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

**QUESTION TEXT:**

SHOW CARD RH4

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**

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
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<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>
</tbody>
</table>

REFUSED
DON'T KNOW

**CODES**

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<th>Code</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
<td>WALKING AROUND INSIDE AT HOME</td>
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<td>LEAVING HOME TO GO OUTSIDE</td>
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</tr>
<tr>
<td>95</td>
<td>NONE OF THESE</td>
</tr>
</tbody>
</table>

REFUSED
DON'T KNOW

**CODES**

<table>
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<tr>
<td>1</td>
<td>GETTING OUT OF BED</td>
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</tr>
<tr>
<td>7</td>
<td>USING OTHER FORMS OF TRANSPORTATION</td>
</tr>
<tr>
<td>95</td>
<td>NONE OF THESE</td>
</tr>
</tbody>
</table>

REFUSED
DON'T KNOW
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

SHOW CARD RH5

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

rh6devcane  R6 RH6D THERAPIST RECOMMEND CANE WALKER
rh6devwhlch  R6 RH6D THERAPIST RECOMMEND WHEELCHR SCOOTER
rh6devramp   R6 RH6D THERAPIST RECOMMEND ENTRANCE RAMP
rh6devstair   R6 RH6D THERAPIST RECOMMEND STAIR LIFT GLIDE
rh6devtub     R6 RH6D THERAPIST RECOMMEND GRABBAR TUB SEAT
rh6devtoil    R6 RH6D THERAPIST RECOMMEND GRABBAR TOIL SEAT
rh6deveat     R6 RH6D THERAPIST RECOMMEND ADAPTED UTENSIL
rh6devdres    R6 RH6D THERAPIST RECOMMEND DRESSING DEV
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...

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}}?

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

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
DON'T KNOW

<table>
<thead>
<tr>
<th>RH7</th>
<th>rh6place1</th>
<th>R6 RH7A RECEIVE REHAB OVERNIGHT HOSP NH REHAB</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>rh6place2</td>
<td>R6 RH7B RECEIVE REHAB OUTPATIENT</td>
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<tr>
<td></td>
<td>rh6place3</td>
<td>R6 RH7C RECEIVE REHAB HOME</td>
</tr>
<tr>
<td></td>
<td>rh6place4</td>
<td>R6 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 facility, or at a doctor’s or therapist’s office?

IF NEEDED: Outpatient means you did not stay overnight.

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.

<table>
<thead>
<tr>
<th>RH7E</th>
<th>rh6place5</th>
<th>R6 RH7E RECEIVE REHAB OTHER SPECIFY PLACE TYPE</th>
</tr>
</thead>
</table>

QUESTION TEXT:

SPECIFY WHERE SP RECEIVED REHAB

ENTER TEXT

LENGTH 50
If more than one item at RH7A-D = 1 (YES), go to RH8.
Otherwise, go to RH9.

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 “as an outpatient at a center, clinic, or facility, or at a doctor’s or therapist’s office;” and response option 2. OUTPATIENT AT A CENTER, CLINIC, FACILITY, DOCTOR’S OR THERAPIST’S 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?
IF NEEDED: Was it {as an overnight patient in a hospital, nursing home, or rehab facility;/as an outpatient at a center, clinic, or facility, or at a doctor’s or therapist’s office;/at home;/at {TEXT FROM RH7E}}?  

CODES
1 OVERNIGHT PATIENT IN HOSPITAL, NURSING HOME, OR REHAB FACILITY
2 OUTPATIENT AT A CENTER, CLINIC, FACILITY, DOCTOR’S OR THERAPIST’S OFFICE
3 HOME
4 SOMEWHERE ELSE
5 REFUSED
6 DON’T KNOW

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 VOLUNTEERED)
5 REFUSED
6 DON’T KNOW

RH9A rh6abilimp R6 RH9A HOW MUCH FUNCTIONING

RH9 rh6ability R6 RH9 FUNCTIONING IMPROVE IN REHAB
IMPROVE IN REHAB

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

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

PROGRAMMER INSTRUCTIONS:
Go to RH10.

RH9B rh6abilworse R6 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
   REFUSED
   DON'T KNOW

RH10 rh6rehabnow R6 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
   REFUSED
   DON'T KNOW

BOX RH11 BOX RH11 NOT ON FILE

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

RH11 rh6metgoals R6 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**
**rh6metinsur**  
**R6 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**
**rh6abilnow**  
**R6 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**
**rh6nowimp**  
**R6 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.
**R6 RH15 HOW MUCH FUNCTION WORSE AFTER REHAB**

**QUESTION TEXT:**

Did it get a lot worse, somewhat worse, or a little worse?

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<tbody>
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<td>A LITTLE</td>
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<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
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</table>

**PROGRAMMER INSTRUCTIONS:**

Go to Section SD – Smoking.