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 received any rehab services?

**CODES**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>NO</td>
<td>REFUSED</td>
<td>DON’T KNOW</td>
</tr>
</tbody>
</table>

**BOX RH1**

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

**RH2**

**rh7rehabsur**

**R7 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
- 2: NO
- REFUSED
- DON’T KNOW

**RH3**

**rh7surgcond**

**R7 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
- 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)
- REFUSED
- DON’T KNOW
**RH3B**

**QUESTION TEXT:**

SPECIFY OTHER MEDICAL CONDITION TARGETED BY SURGERY

**ENTER TEXT**

LENGTH 50

**PROGRAMMER INSTRUCTIONS:**

Go to RH5.

**RH4**

**rh7rehabcond**

R7 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 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
96 REFUSED RH5
97 DON’T KNOW RH5

**RH4B**

**QUESTION TEXT:**

SPECIFY OTHER MEDICAL CONDITION

**ENTER TEXT**

LENGTH 50

**RH5**

**rh7funcback**

R7 RH5 IMPROVE FUNCTION IN BACK

**rh7funchips**

R7 RH5 IMPROVE FUNCTION IN HIPS

**rh7funcknees**

R7 RH5 IMPROVE FUNCTION IN KNEES

**rh7funcfeet**

R7 RH5 IMPROVE FUNCTION IN FEET

**rh7funchands**

R7 RH5 IMPROVE FUNCTION IN HANDS
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  Code All That Apply
1  BACK  RH6
2  HIP(S)  RH6
3  KNEES(S)  RH6
4  FEET  RH6
5  HAND(S)  RH6
6  WRIST(S)  RH6
7  SHOULDER(S)  RH6
8  HEAD  RH6
9  NECK  RH6
10  ARM(S)  RH6
11  LEG(S)  RH6
12  STOMACH  RH6
13  MOUTH OR THROAT  RH6
14  HEART  RH6
15  LUNGS  RH6
94  OTHER PLACES (SPECIFY)  RH6
95  NO SPECIFIC PLACE (IF VOLUNTEERED)  RH6
   REFUSED  RH6
   DON'T KNOW  RH6

PROGRAMMER INSTRUCTIONS:
Response code 95 cannot be selected in combination with any other code. Display error message
display instructions:
do not select any codes

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RH6B</td>
<td>rh7impbed</td>
<td>R7 RH6B IMPROVE GETTING OUT OF BED</td>
</tr>
<tr>
<td></td>
<td>rh7impwalk</td>
<td>R7 RH6B IMPROVE WALKING INSIDE HOME</td>
</tr>
<tr>
<td></td>
<td>rh7impleave</td>
<td>R7 RH6B IMPROVE LEAVING HOME OUTSIDE</td>
</tr>
<tr>
<td></td>
<td>rh7impdistnc</td>
<td>R7 RH6B IMPROVE WALKING DISTANCES OUTSIDE</td>
</tr>
<tr>
<td></td>
<td>rh7impclimb</td>
<td>R7 RH6B IMPROVE CLIMBING STAIRS</td>
</tr>
<tr>
<td></td>
<td>rh7impdrive</td>
<td>R7 RH6B IMPROVE DRIVING</td>
</tr>
<tr>
<td></td>
<td>rh7imptransp</td>
<td>R7 RH6B IMPROVE USING OTHER TRANSPORTATION</td>
</tr>
<tr>
<td></td>
<td>rh7impnotths</td>
<td>R7 RH6B IMPROVE NONE OF THESE MOBILE ACT</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Code All That Apply</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>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RH6C</td>
<td>rh7impsc</td>
<td>R7 RH6C IMPROVE CARING FOR SELF</td>
</tr>
</tbody>
</table>
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

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

R7 RH6C IMPROVE HOUSEHOLD ACTIVITIES
R7 RH6C IMPROVE USING COMPUTER TABLET
R7 RH6C IMPROVE WORKING VOLUNTEERING
R7 RH6C IMPROVE PROVIDING CARE
R7 RH6C IMPROVE PARTICIPATING ACTIVITIES
R7 RH6C IMPROVE NONE OF THESE ACTIVITIES

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

QUESTION TEXT:

SHOW CARD RH5

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

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

R7 RH6D THERAPIST RECOMMEND CANE WALKER
R7 RH6D THERAPIST RECOMMEND WHEELCHR SCOOTER
R7 RH6D THERAPIST RECOMMEND ENTRANCE RAMP
R7 RH6D THERAPIST RECOMMEND STAIR LIFT GLIDE
R7 RH6D THERAPIST RECOMMEND GRABBAR TUB SEAT
R7 RH6D THERAPIST RECOMMEND ADAPTED UTENSIL
R7 RH6D THERAPIST RECOMMEND DRESSING DEV
**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?
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. as an outpatient at a 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

BOX RH7E NOT ON FILE

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

RH7E

rh7place5 R7 RH7E RECEIVE REHAB OTHER SPECIFY PLACE TYPE

QUESTION TEXT:

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

**BOX RH8**

**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} 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

**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 VOLUNTEERED)
5  VARIED/UP AND DOWN (IF SP KNEW)

CORRECTED RESPONSES:

**RH9a**

- IMPROVED
- GOT WORSE
- STAYED ABOUT THE SAME
- VARIED/UP AND DOWN (IF VOLUNTEERED)
- VARIED/UP AND DOWN (IF SP KNEW)

**RH9b**

- OVERNIGHT PATIENT IN HOSPITAL, NURSING HOME, OR REHAB FACILITY
- OUTPATIENT AT A CENTER, CLINIC, FACILITY, DOCTOR’S OR THERAPIST’S OFFICE
- HOME
- SOMEWHERE ELSE
- REFUSED
- DON’T KNOW
**RH9A**  
**rh7abilimp**  
R7 RH9A HOW MUCH FUNCTIONING IMPROVE IN REHAB

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

**CODES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A LOT</td>
</tr>
<tr>
<td>2</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>3</td>
<td>A LITTLE</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMER INSTRUCTIONS:**
Go to RH10.

**RH9B**  
**rh7abilworse**  
R7 RH9A HOW MUCH FUNCTIONING WORSE IN REHAB

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

**CODES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A LOT</td>
</tr>
<tr>
<td>2</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>3</td>
<td>A LITTLE</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**RH10**  
**rh7rehabnow**  
R7 RH10 STILL RECEIVING REHAB

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

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

**CODES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**BOX RH11**

**BOX RH11**  
NOT ON FILE

If RH10=2 (NO) go to RH11.  
Otherwise, go to Section SD – Smoking.
**RH11**  
**rh7metgoals**  
R7 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**  
**rh7metinsur**  
R7 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**  
**rh7abilnow**  
R7 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**  
**rh7nowimp**  
R7 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.

<table>
<thead>
<tr>
<th>RH15</th>
<th>rh7nowworse</th>
<th>R7 RH15 HOW MUCH FUNCTION WORSE AFTER REHAB</th>
</tr>
</thead>
</table>

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

**CODES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A LOT</td>
</tr>
<tr>
<td>2</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td>3</td>
<td>A LITTLE</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMER INSTRUCTIONS:**
Go to Section SD – Smoking.