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**

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

**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?

**CODES**

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

In the last year, for about how many weeks altogether did you 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  rh8rehabsur  R8 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  rh8surgcond  R8 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 CANCER
9   ANOTHER CONDITION (SPECIFY)
94  NO MEDICAL CONDITION (IF VOLUNTEERED)
95  REFUSED
95  DON'T KNOW

RH3B  RH3B  NOT ON FILE
QUESTION TEXT:
SPECIFY OTHER MEDICAL CONDITION TARGETED BY SURGERY

ENTER TEXT
LENTH

50

PROGRAMMER INSTRUCTIONS:
Go to RH5.

RH4
rh8rehabcond
R8 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)
REFUSED
DON’T KNOW
RH5

RH4B
RH4B
NOT ON FILE

QUESTION TEXT:
SPECIFY OTHER MEDICAL CONDITION

ENTER TEXT
LENTH

50

RH5
rh8funcback
R8 RH5 IMPROVE FUNCTION IN BACK

rh8funchips
R8 RH5 IMPROVE FUNCTION IN HIPS

rh8funcknees
R8 RH5 IMPROVE FUNCTION IN KNEES

rh8funcfeet
R8 RH5 IMPROVE FUNCTION IN FEET

rh8funchands
R8 RH5 IMPROVE FUNCTION IN HANDS

rh8funcwrist
R8 RH5 IMPROVE FUNCTION IN WRIST

rh8funcshold
R8 RH5 IMPROVE FUNCTION IN SHOULDERS
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

<table>
<thead>
<tr>
<th>CODES</th>
<th>Code All That Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BACK</td>
</tr>
<tr>
<td>2</td>
<td>HIP(S)</td>
</tr>
<tr>
<td>3</td>
<td>KNEES(S)</td>
</tr>
<tr>
<td>4</td>
<td>FEET</td>
</tr>
<tr>
<td>5</td>
<td>HAND(S)</td>
</tr>
<tr>
<td>6</td>
<td>WRIST(S)</td>
</tr>
<tr>
<td>7</td>
<td>SHOULDER(S)</td>
</tr>
<tr>
<td>8</td>
<td>HEAD</td>
</tr>
<tr>
<td>9</td>
<td>NECK</td>
</tr>
<tr>
<td>10</td>
<td>ARM(S)</td>
</tr>
<tr>
<td>11</td>
<td>LEG(S)</td>
</tr>
<tr>
<td>12</td>
<td>STOMACH</td>
</tr>
<tr>
<td>13</td>
<td>MOUTH OR THROAT</td>
</tr>
<tr>
<td>14</td>
<td>HEART</td>
</tr>
<tr>
<td>15</td>
<td>LUNGS</td>
</tr>
<tr>
<td>94</td>
<td>OTHER PLACES (SPECIFY)</td>
</tr>
<tr>
<td>95</td>
<td>NO SPECIFIC PLACE (IF VOLUNTEERED)</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</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.
QUESTION TEXT:

SPECIFY OTHER BODY STRUCTURES TARGETED BY THERAPY

ENTER TEXT

Length 50

RH6

rh8impcrunch
R8 RH6 IMPROVE CHEWING SWALLOWING
rh8impspeak
R8 RH6 IMPROVE SPEAKING BEING UNDERSTOOD
rh8impSPAIN
R8 RH6 IMPROVE PAIN LEVEL
rh8impcrunch
R8 RH6 IMPROVE BREATHING
rh8impweak
R8 RH6 IMPROVE STRENGTH
rh8impcrunch
R8 RH6 IMPROVE MOVEMENT RANGE OF MOTION
rh8impenergy
R8 RH6 IMPROVE ENERGY LEVEL
rh8impbalance
R8 RH6 IMPROVE BALANCE COORDINATION
rh8impfalloff
R8 RH6 IMPROVE PROBLEMS WITH FALLS
rh8impcrunch
R8 RH6 IMPROVE MEMORY
rh8impcrunch
R8 RH6 IMPROVE NONE OF THESE PROBLEMS

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

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
9 PROBLEM WITH FALLS
PROBLEM WITH MEMORY
NONE OF THESE PROBLEMS
REFUSED
DON'T KNOW

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

1  GETTING OUT OF BED
2  WALKING AROUND INSIDE AT HOME
3  LEAVING HOME TO GO OUTSIDE
4  WALKING DISTANCES OUTSIDE (SEVERAL BLOCKS)
5  CLIMBING STAIRS
6  DRIVING
7  USING OTHER FORMS OF TRANSPORTATION
95  NONE OF THESE
     REFUSED
     DON'T KNOW

SHOW CARD RH4
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

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

R8 RH6D THERAPIST RECOMMEND CANE WALKER
R8 RH6D THERAPIST RECOMMEND WHEELCHR SCOOTER
R8 RH6D THERAPIST RECOMMEND ENTRANCE RAMP
R8 RH6D THERAPIST RECOMMEND STAIR LIFT GLIDE
R8 RH6D THERAPIST RECOMMEND GRABBAR TUB SEAT
R8 RH6D THERAPIST RECOMMEND GRABBAR TOIL SEAT
R8 RH6D THERAPIST RECOMMEND ADAPTED UTENSIL
R8 RH6D THERAPIST RECOMMEND DRESSING DEV
R8 RH6D THERAPIST RECOMMEND REACHER GRABBER
R8 RH6D THERAPIST RECOMMEND COMPUTER DEVICE
R8 RH6D THERAPIST RECOMMEND CAR DEVICE
R8 RH6D THERAPIST RECOMMEND OTHER CHANGES
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
DON’T KNOW

RH7

R8 RH7A RECEIVE REHAB OVERNIGHT HOSP
NH REHAB
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

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

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 SOMEWHERE ELSE
4 REFUSED
5 DON’T KNOW

RH9
r8ability
R8 RH9 FUNCTIONING IMPROVE IN REHAB

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
r8abilimp
R8 RH9A HOW MUCH FUNCTIONING IMPROVE IN REHAB

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

CODES
1 A LOT
PROGRAMMER INSTRUCTIONS:
Go to RH10.

RH9B  \( \text{\texttt{rh8abilworse}} \)  |  R8 RH9B 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  \( \text{\texttt{rh8rehabnow}} \)  |  R8 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  \( \text{\texttt{BOX RH11}} \)  |  NOT ON FILE

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

RH11  \( \text{\texttt{rh8metgoals}} \)  |  R8 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
   REFUSED
   DON'T KNOW

RH12  \( \text{\texttt{rh8metinsur}} \)  |  R8 RH12 MET INSURANCE LIMIT WHEN REHAB
**NHATS Round 8 :: RH**

**January 2020**

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**When your rehab services ended, had you met the limit of your insurance coverage?**

<table>
<thead>
<tr>
<th>CODES</th>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
</table>

**Since your rehab services ended, have your functioning and ability to do activities improved, got worse, or stayed about the same?**

<table>
<thead>
<tr>
<th>CODES</th>
<th>IMPROVED</th>
<th>GOT WORSE</th>
<th>STAYED ABOUT THE SAME</th>
<th>VARIED/UP AND DOWN (IF VOLUNTEERED)</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
</table>

**Did it improve a lot, somewhat, or a little?**

<table>
<thead>
<tr>
<th>CODES</th>
<th>A LOT</th>
<th>SOMEWHAT</th>
<th>A LITTLE</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CODES</th>
<th>A LOT</th>
<th>SOMEWHAT</th>
</tr>
</thead>
</table>

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**PROGRAMMER INSTRUCTIONS:**

Go to Section SD – Smoking.
A LITTLE
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:
Go to Section SD – Smoking.