## NHATS Round 9

### [Rehabilitation] Section RH

<table>
<thead>
<tr>
<th>RH1</th>
<th>rh9rehab</th>
<th>R9 RH1 RECEIVED REHAB IN LAST YEAR</th>
</tr>
</thead>
</table>

**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**
- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

**BOX RH1**

Not on file.

If RH1=1 (YES) go to RH1A.

Otherwise, go to Section SD – Smoking.

### RH1A

<table>
<thead>
<tr>
<th>rh9rehabmo</th>
<th>R9 RH1A MONTHS OF REHAB</th>
</tr>
</thead>
</table>

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

### RH1B

<table>
<thead>
<tr>
<th>rh9rehabweek</th>
<th>R9 RH1B WEEKS OF REHAB</th>
</tr>
</thead>
</table>

**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
    REFUSED
    DON'T KNOW

RH2  rh9rehab
R9 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  rh9surgcond
R9 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 VOLUNTED)
    REFUSED
    DON’T KNOW

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

ENTER TEXT

PROGRAMEER INSTRUCTIONS:
Go to RH5.

RH4

rh9rehabcond

R9 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
REFUSED RH5
DON’T KNOW RH5

RH4B

RH4B

NOT ON FILE

QUESTION TEXT:
SPECIFY OTHER MEDICAL CONDITION

ENTER TEXT

RH5

rh9funcback

R9 RH5 IMPROVE FUNCTION IN BACK
rh9funchips

R9 RH5 IMPROVE FUNCTION IN HIPS
rh9funcknees

R9 RH5 IMPROVE FUNCTION IN KNEES
rh9funcfeet

R9 RH5 IMPROVE FUNCTION IN FEET
rh9funchands

R9 RH5 IMPROVE FUNCTION IN HANDS
rh9funcwrist

R9 RH5 IMPROVE FUNCTION IN WRIST
rh9funcshold

R9 RH5 IMPROVE FUNCTION IN SHOULDERS
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code All That Apply</th>
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</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>
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<tr>
<td>10</td>
<td>ARM(S)</td>
<td>RH6</td>
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<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>15</td>
<td>LUNGS</td>
<td>RH6</td>
</tr>
<tr>
<td>94</td>
<td>OTHER PLACES (SPECIFY)</td>
<td></td>
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<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>

**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 |

<table>
<thead>
<tr>
<th>RH6</th>
<th>rh9impchew</th>
<th>R9 RH6 IMPROVE CHEWING SWALLOWING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rh9impspeak</td>
<td>R9 RH6 IMPROVE SPEAKING BEING UNDERSTOOD</td>
</tr>
<tr>
<td></td>
<td>rh9imppain</td>
<td>R9 RH6 IMPROVE PAIN LEVEL</td>
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<td></td>
<td>rh9impbreath</td>
<td>R9 RH6 IMPROVE BREATHING</td>
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<td></td>
<td>rh9impweak</td>
<td>R9 RH6 IMPROVE STRENGTH</td>
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<tr>
<td></td>
<td>rh9impmove</td>
<td>R9 RH6 IMPROVE MOVEMENT RANGE OF MOTION</td>
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<td>rh9impenergy</td>
<td>R9 RH6 IMPROVE ENERGY LEVEL</td>
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<tr>
<td></td>
<td>rh9impbal</td>
<td>R9 RH6 IMPROVE BALANCE COORDINATION</td>
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<tr>
<td></td>
<td>rh9impfall</td>
<td>R9 RH6 IMPROVE PROBLEMS WITH FALLS</td>
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<tr>
<td></td>
<td>rh9impmemory</td>
<td>R9 RH6 IMPROVE MEMORY</td>
</tr>
<tr>
<td></td>
<td>rh9impnone</td>
<td>R9 RH6 IMPROVE NONE OF THESE PROBLEMS</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**

### 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
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

SHOW CARD RH4

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
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

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

rh9devcane   R9 RH6D THERAPIST RECOMMEND CANE WALKER
rh9devwhich   R9 RH6D THERAPIST RECOMMEND WHEELCHR SCOOTER
rh9devramp    R9 RH6D THERAPIST RECOMMEND ENTRANCE RAMP
rh9devstair   R9 RH6D THERAPIST RECOMMEND STAIR LIFT GLIDE
rh9devtub     R9 RH6D THERAPIST RECOMMEND GRABBAR TUB SEAT
rh9devtoil    R9 RH6D THERAPIST RECOMMEND GRABBAR TOIL SEAT
rh9deveat     R9 RH6D THERAPIST RECOMMEND ADAPTED UTENSIL
rh9devdres    R9 RH6D THERAPIST RECOMMEND DRESSING DEV
rh9devgrab    R9 RH6D THERAPIST RECOMMEND REACHER GRABBER
rh9devcomp    R9 RH6D THERAPIST RECOMMEND COMPUTER DEVICE
rh9devcar     R9 RH6D THERAPIST RECOMMEND CAR DEVICE
rh9devother   R9 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

rh9place1

R9 RH7A RECEIVE REHAB OVERNIGHT HOSP NH REHAB

NHATS Round 9 :: RH
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DISPLAY INSTRUCTIONS:
Use “Same Question Stem” display.
Display "where" in underlined text.
Display “overnight” in underlined text in RH7a.
Display “outpatient” in underlined text in RH7b.
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. 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
IF NEEDED: Outpatient means you did not stay overnight.

Rh9place2 R9 RH7B RECEIVE REHAB OUTPATIENT
Rh9place3 R9 RH7C RECEIVE REHAB HOME
Rh9place4 R9 RH7D RECEIVE REHAB SOMEWHERE ELSE

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

Rh9place5 R9 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.

Rh9place5 R9 RH7E RECEIVE REHAB OTHER SPECIFY PLACE TYPE

R9 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 “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

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

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 rh9abilworse R9 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 rh9rehabnow R9 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 rh9metgoals R9 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 rh9metinsur R9 RH12 MET INSURANCE LIMIT WHEN REHAB
**QUESTION TEXT:**
When {your/SP’s} rehab services ended, had {you/SP} met the limit of {your/his/her} insurance coverage?

<table>
<thead>
<tr>
<th>CODES</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></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW</td>
</tr>
</tbody>
</table>

**RH13 rh9abilnow**

**R9 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?

<table>
<thead>
<tr>
<th>CODES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IMPROVED</td>
</tr>
<tr>
<td>2</td>
<td>GOT WORSE</td>
</tr>
<tr>
<td>3</td>
<td>STAYED ABOUT THE SAME</td>
</tr>
<tr>
<td>4</td>
<td>VARIED/UP AND DOWN (IF VOLUNTEERED)</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW</td>
</tr>
</tbody>
</table>

**RH14 rh9nowimp**

**R9 RH14 HOW MUCH FUNCTION IMPROVE AFTER REHAB**

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

<table>
<thead>
<tr>
<th>CODES</th>
<th>DESCRIPTION</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>
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</tbody>
</table>

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

**RH15 rh9nowworse**

**R9 RH15 HOW MUCH FUNCTION WORSE AFTER REHAB**

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

<table>
<thead>
<tr>
<th>CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A LOT</td>
</tr>
<tr>
<td>2</td>
<td>SOMEWHAT</td>
</tr>
</tbody>
</table>
A LITTLE
REFUSED
DON’T KNOW

PROGRAMMER INSTRUCTIONS:
Go to Section SD – Smoking.