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## NHATS Round 5

Section RH [Rehabilitation]

Sequence: 26

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**RH1**

rh5rehab

R5 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**

1	YES
2	NO
	REFUSED
	DON'T KNOW

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**BOX RH1**

BOX RH1

NOT ON FILE

If RH1=1 (YES) go to RH1A.

Otherwise, go to Section SD – Smoking.

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**RH1A**

rh5rehabmo

R5 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**

1	LESS THAN 1 MONTH	
2	1 TO 3 MONTHS	RH2
3	4 TO 5 MONTHS	RH2
4	6 OR MORE MONTHS	RH2
	REFUSED	RH2
	DON'T KNOW	RH2

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**RH1B**

rh5rehabweek

R5 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
- REFUSED
- DON'T KNOW

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**RH2**

rh5rehabsur

R5 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
- RH4  
RH4  
RH4

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**RH3**

rh5surgcond

R5 RH3 MAIN MED CONDITION FOR SURGERY

**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)
  - REFUSED
  - DON'T KNOW
- RH5  
RH5  
RH5  
RH5  
RH5  
RH5  
RH5  
RH5  
RH5  
RH5  
RH5  
RH5  
RH5  
RH5

**RH3B**

**RH3B**

NOT ON FILE

**QUESTION TEXT:**

SPECIFY OTHER MEDICAL CONDITION TARGETED BY SURGERY

**ENTER TEXT**

LEGNTH

50

**PROGRAMMER INSTRUCTIONS:**

Go to RH5.

**RH4**

**rh5rehabcond**

R5 RH4 MAIN MED CONDITION FOR REHAB

**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

**RH4B**

**RH4B**

NOT ON FILE

**QUESTION TEXT:**

SPECIFY OTHER MEDICAL CONDITION

**ENTER TEXT**

LEGNTH

50

**RH5**

**rh5funcback**

R5 RH5 IMPROVE FUNCTION IN BACK

**rh5funchips**

R5 RH5 IMPROVE FUNCTION IN HIPS

**rh5funcnees**

R5 RH5 IMPROVE FUNCTION IN KNEES

**rh5funcfeet**

R5 RH5 IMPROVE FUNCTION IN FEET

**rh5funchands**

R5 RH5 IMPROVE FUNCTION IN HANDS

<b>rh5funcwrist</b>	R5 RH5 IMPROVE FUNCTION IN WRIST
<b>rh5funcshold</b>	R5 RH5 IMPROVE FUNCTION IN SHOULDERS
<b>rh5funchead</b>	R5 RH5 IMPROVE FUNCTION IN HEAD
<b>rh5funcneck</b>	R5 RH5 IMPROVE FUNCTION IN NECK
<b>rh5funcarms</b>	R5 RH5 IMPROVE FUNCTION IN ARMS
<b>rh5funclegs</b>	R5 RH5 IMPROVE FUNCTION IN LEGS
<b>rh5funcstom</b>	R5 RH5 IMPROVE FUNCTION IN STOMACH
<b>rh5funcmouth</b>	R5 RH5 IMPROVE FUNCTION IN MOUTH
<b>rh5funcheart</b>	R5 RH5 IMPROVE FUNCTION IN HEART
<b>rh5funclungs</b>	R5 RH5 IMPROVE FUNCTION IN LUNGS (From Other Specify)
<b>rh5funcos</b>	R5 RH5 IMPROVE FUNCTION OTHER SPECIFY
<b>rh5funcnotsp</b>	R5 RH5 IMPROVE FUNCTION NO SPECIFIC PLACE

Display “where” in underlined.

**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

<b>CODES</b>	<b>Code All That Apply</b>	
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
94	OTHER PLACES (SPECIFY)	RH6
95	NO SPECIFIC PLACE (IF VOLUNTEERED)	RH6
	REFUSED	RH6
	DON'T KNOW	RH6

**RH5A**

**RH5A**

NOT ON FILE

**QUESTION TEXT:**

SPECIFY OTHER BODY STRUCTURES TARGETED BY THERAPY

**ENTER TEXT**

Length

50

**RH6**

rh5impchew	R5 RH6 IMPROVE CHEWING SWALLOWING
rh5impspeak	R5 RH6 IMPROVE SPEAKING BEING UNDERSTOOD
rh5impspain	R5 RH6 IMPROVE PAIN LEVEL
rh5impbreath	R5 RH6 IMPROVE BREATHING
rh5impbweak	R5 RH6 IMPROVE STRENGTH
rh5impmove	R5 RH6 IMPROVE MOVEMENT RANGE OF MOTION
rh5impenergy	R5 RH6 IMPROVE ENERGY LEVEL
rh5impbal	R5 RH6 IMPROVE BALANCE COORDINATION
rh5impfall	R5 RH6 IMPROVE PROBLEMS WITH FALLS
rh5impmemory	R5 RH6 IMPROVE MEMORY
rh5impnone	R5 RH6 IMPROVE NONE OF THESE PROBLEMS

**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 COORIDNATION

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

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<b>RH6B</b>	<b>rh5impbed</b>	R5 RH6B IMPROVE GETTING OUT OF BED
	<b>rh5impwalk</b>	R5 RH6B IMPROVE WALKING INSIDE HOME
	<b>rh5impleave</b>	R5 RH6B IMPROVE LEAVING HOME OUTSIDE
	<b>rh5impdistnc</b>	R5 RH6B IMPROVE WALKING DISTANCES OUTSIDE
	<b>rh5impclimb</b>	R5 RH6B IMPROVE CLIMBING STAIRS
	<b>rh5impdrive</b>	R5 RH6B IMPROVE DRIVING
	<b>rh5imptransp</b>	R5 RH6B IMPROVE USING OTHER TRANSPORTATION
	<b>rh5impnotths</b>	R5 RH6B IMPROVE NONE OF THESE MOBIL ACT

**DISPLAY INSTRUCTIONS:**

Display "which of these" in underlined text.

**QUESTION TEXT:**

SHOW CARD RH6B

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**

**Code All That Apply**  
 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

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<b>RH6C</b>	<b>rh5impssc</b>	R5 RH6C IMPROVE CARING FOR SELF
	<b>rh5impshh</b>	R5 RH6C IMPROVE HOUSEHOLD ACTIVITIES
	<b>rh5impcomp</b>	R5 RH6C IMPROVE USING COMPUTER TABLET
	<b>rh5impwork</b>	R5 RH6C IMPROVE WORKING

rh5impcare  
 rh5impactiv  
 rh5impactnon

VOLUNTEERING  
 R5 RH6C IMPROVE PROVIDING CARE  
 R5 RH6C IMPROVE PARTICIPATING  
 ACTIVITIES  
 R5 RH6C IMPROVE NONE OF THESE  
 ACTIVITIES

**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

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

rh5devcar

R5 RH6D THERAPIST RECOMMEND CAR  
DEVICE

rh5devothor

R5 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

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<b>RH7</b>	<b>rh5place1</b>	R5 RH7A RECEIVE REHAB OVERNIGHT HOSP NH REHAB
	<b>rh5place2</b>	R5 RH7B RECEIVE REHAB OUTPATIENT
	<b>rh5place3</b>	R5 RH7C RECEIVE REHAB HOME
	<b>rh5place4</b>	R5 RH7D RECEIVE REHAB SOMEWHERE ELSE

**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 |

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<b>BOX RH7E</b>	<b>BOX RH7E</b>	NOT ON FILE
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If RH7D=1 (YES) go to RH7E.  
Otherwise, go to Box RH8.

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<b>RH7E</b>	<b>rh5places5</b>	R5 RH7E RECEIVE REHAB OTHER SPECIFY PLACE TYPE
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**QUESTION TEXT:**

SPECIFY WHERE SP RECEIVED REHAB

**ENTER TEXT**

LENGTH

50

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<b>BOX RH8</b>	<b>BOX RH8</b>	NOT ON FILE
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If more than one item at RH7A-D = 1 (YES), go to RH8.  
Otherwise, go to RH9.

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<b>RH8</b>	<b>rh5placelast</b>	R5 RH8 PLACE LAST RECEIVED REHAB
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**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

REFUSED  
DON’T KNOW

**RH9**

rh5ability

R5 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)

REFUSED  
DON’T KNOW

RH9B  
RH10  
RH10  
RH10  
RH10

**RH9A**

rh5abilimp

R5 RH9A HOW MUCH FUNCTIONING 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.

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<b>RH9B</b>	<b>rh5abilworse</b>	R5 RH9A HOW MUCH FUNCTIONING WORSE IN REHAB
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**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 |

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<b>RH10</b>	<b>rh5rehabnow</b>	R5 RH10 STILL RECEIVING REHAB
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**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 |

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<b>BOX RH11</b>	<b>BOX RH11</b>	NOT ON FILE
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If RH10=2 (NO) go to RH11.  
Otherwise, go to Section SD – Smoking.

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<b>RH11</b>	<b>rh5metgoals</b>	R5 RH11 MET GOALS WHEN REHAB ENDED
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**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 |

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<b>RH12</b>	<b>rh5metinsur</b>	R5 RH12 MET INSURANCE LIMIT WHEN REHAB ENDED
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**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
- REFUSED
- 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)
  - REFUSED
  - DON'T KNOW
- RH15  
Section SD  
Section SD  
Section SD  
Section SD

**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
- REFUSED
- 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.