RH1   **rh9rehab**   R9 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

BOX RH1   **BOX RH1**   NOT ON FILE

If RH1=1 (YES) go to RH1A.

Otherwise, go to Section SD – Smoking.

RH1A   **rh9rehabmo**   R9 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

RH1B   **rh9rehabweek**   R9 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

RH2   rh9rehabsur   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	RH4
	REFUSED	RH4
	DON'T KNOW	RH4

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	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)	
95	NO MEDICAL CONDITION (IF VOLUNTEERED)	RH5
	REFUSED	RH5
	DON'T KNOW	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   **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)	
	REFUSED	RH5
	DON'T KNOW	RH5
		RH5

RH4B   **RH4B**   NOT ON FILE

QUESTION TEXT:

> SPECIFY OTHER MEDICAL CONDITION

ENTER TEXT

LEGNTH   50

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

rh9funchead	R9 RH5 IMPROVE FUNCTION IN HEAD	
rh9funcneck	R9 RH5 IMPROVE FUNCTION IN NECK	
rh9funcarms	R9 RH5 IMPROVE FUNCTION IN ARMS	
rh9funclegs	R9 RH5 IMPROVE FUNCTION IN LEGS	
rh9funcstom	R9 RH5 IMPROVE FUNCTION IN STOMACH	
rh9funcmouth	R9 RH5 IMPROVE FUNCTION IN MOUTH	
rh9funcheart	R9 RH5 IMPROVE FUNCTION IN HEART	
rh9funclungs	R9 RH5 IMPROVE FUNCTION IN LUNGS (From Other Specify)	
rh9funcos	R9 RH5 IMPROVE FUNCTION OTHER SPECIFY	
rh9funcnotsp	R9 RH5 IMPROVE FUNCTION NO SPECIFIC PLACE	

Display "where" in underlined.

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	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)	
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 "INCONSISTENT ANSWER. 'NO SPECIFIC PLACE' CANNOT BE SELECTED WITH ANY OTHER CATEGORY" when leaving the screen.

RH5A	RH5A	NOT ON FILE

QUESTION TEXT:

SPECIFY OTHER BODY STRUCTURES TARGETED BY THERAPY

ENTER TEXT

Length   50

RH6   **rh9impchew**   R9 RH6 IMPROVE CHEWING SWALLOWING

rh9impspeak   R9 RH6 IMPROVE SPEAKING BEING UNDERSTOOD

rh9impspain   R9 RH6 IMPROVE PAIN LEVEL

rh9impbreath   R9 RH6 IMPROVE BREATHING

rh9impweak   R9 RH6 IMPROVE STRENGTH

rh9impmove   R9 RH6 IMPROVE MOVEMENT RANGE OF MOTION

rh9impenergy   R9 RH6 IMPROVE ENERGY LEVEL

rh9impbal   R9 RH6 IMPROVE BALANCE COORDINATION

rh9impfall   R9 RH6 IMPROVE PROBLEMS WITH FALLS

rh9impmemory   R9 RH6 IMPROVE MEMORY

rh9impnone   R9 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 COORIDNATION
9	PROBLEM WITH FALLS

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

RH6B

	rh9impbed	R9 RH6B IMPROVE GETTING OUT OF BED
	rh9impwalk	R9 RH6B IMPROVE WALKING INSIDE HOME
	rh9impleave	R9 RH6B IMPROVE LEAVING HOME OUTSIDE
	rh9impdistnc	R9 RH6B IMPROVE WALKING DISTANCES OUTSIDE
	rh9impclimb	R9 RH6B IMPROVE CLIMBING STAIRS
	rh9impdrive	R9 RH6B IMPROVE DRIVING
	rh9imptransp	R9 RH6B IMPROVE USING OTHER TRANSPORTATION
	rh9impnotths	R9 RH6B IMPROVE NONE OF THESE MOBIL ACT

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	**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

RH6C

	rh9impsc	R9 RH6C IMPROVE CARING FOR SELF
	rh9imphh	R9 RH6C IMPROVE HOUSEHOLD ACTIVITIES
	rh9impcomp	R9 RH6C IMPROVE USING COMPUTER TABLET
	rh9impwork	R9 RH6C IMPROVE WORKING VOLUNTEERING
	rh9impcare	R9 RH6C IMPROVE PROVIDING CARE

rh9impactiv	R9 RH6C IMPROVE PARTICIPATING ACTIVITIES
rh9impactnon	R9 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

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
	rh9devwhlch	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

	rh9place2	R9 RH7B RECEIVE REHAB OUTPATIENT
	rh9place3	R9 RH7C RECEIVE REHAB HOME
	rh9place4	R9 RH7D RECEIVE REHAB SOMEWHERE ELSE

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	**BOX RH7E**	NOT ON FILE

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

RH7E	**rh9place5**	R9 RH7E RECEIVE REHAB OTHER SPECIFY PLACE TYPE

QUESTION TEXT:

SPECIFY WHERE SP RECEIVED REHAB

ENTER TEXT

LENGTH   50

BOX RH8	**BOX RH8**	NOT ON FILE

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

RH8	**rh9placelast**	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 OFFICEHOME
3	SOMEWHERE ELSE
	REFUSED
	DON'T KNOW

RH9 rh9ability R9 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	RH9B
3	STAYED ABOUT THE SAME	RH10
4	VARIED/UP AND DOWN (IF VOLUNTEERED)	RH10
	REFUSED	RH10
	DON'T KNOW	RH10

RH9A rh9abilimp R9 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.

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

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
	REFUSED
	DON'T KNOW

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?

CODES

1	IMPROVED	
2	GOT WORSE	RH15
3	STAYED ABOUT THE SAME	Section SD
4	VARIED/UP AND DOWN (IF VOLUNTEERED)	Section SD
	REFUSED	Section SD
	DON'T KNOW	Section SD

RH14   rh9nowimp   R9 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   rh9nowworse   R9 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.