
NHATS Round 5

Section RH [Rehabilitation]

Sequence: 26

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

BOX RH1

BOX RH1

NOT ON FILE

If RH1=1 (YES) go to RH1A.

Otherwise, go to Section SD – Smoking.

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

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 |

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 | RH4 |
| | REFUSED | RH4 |
| | DON'T KNOW | RH4 |

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 | 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 |

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

LENGTH

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

rh5funcwrist

R5 RH5 IMPROVE FUNCTION IN WRIST

rh5funcshold

R5 RH5 IMPROVE FUNCTION IN SHOULDERS

rh5funchead	R5 RH5 IMPROVE FUNCTION IN HEAD
rh5funcneck	R5 RH5 IMPROVE FUNCTION IN NECK
rh5funcarms	R5 RH5 IMPROVE FUNCTION IN ARMS
rh5funclegs	R5 RH5 IMPROVE FUNCTION IN LEGS
rh5funcstom	R5 RH5 IMPROVE FUNCTION IN STOMACH
rh5funcmouth	R5 RH5 IMPROVE FUNCTION IN MOUTH
rh5funcheart	R5 RH5 IMPROVE FUNCTION IN HEART
rh5funclungs	R5 RH5 IMPROVE FUNCTION IN LUNGS (From Other Specify)
rh5funcos	R5 RH5 IMPROVE FUNCTION OTHER SPECIFY
rh5funcnotsp	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

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
94	OTHER PLACES (SPECIFY)	RH6
95	NO SPECIFIC PLACE (IF VOLUNTEERED)	RH6
	REFUSED	RH6
	DON'T KNOW	RH6

RH5A	RH5A	NOT ON FILE
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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

RH6B

rh5impbed	R5 RH6B IMPROVE GETTING OUT OF BED
rh5impwalk	R5 RH6B IMPROVE WALKING INSIDE HOME
rh5impleave	R5 RH6B IMPROVE LEAVING HOME OUTSIDE
rh5impdistnc	R5 RH6B IMPROVE WALKING DISTANCES OUTSIDE
rh5impclimb	R5 RH6B IMPROVE CLIMBING STAIRS
rh5impdrive	R5 RH6B IMPROVE DRIVING
rh5imptransp	R5 RH6B IMPROVE USING OTHER TRANSPORTATION
rh5impnotths	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

RH6C

rh5impssc	R5 RH6C IMPROVE CARING FOR SELF
rh5impshh	R5 RH6C IMPROVE HOUSEHOLD ACTIVITIES
rh5impcomp	R5 RH6C IMPROVE USING COMPUTER TABLET
rh5impwork	R5 RH6C IMPROVE WORKING VOLUNTEERING
rh5impcare	R5 RH6C IMPROVE PROVIDING CARE
rh5impactiv	R5 RH6C IMPROVE PARTICIPATING ACTIVITIES
rh5impactnon	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

RH6D

rh5devcane

R5 RH6D THERAPIST RECOMMEND CANE WALKER

rh5devwhlch

R5 RH6D THERAPIST RECOMMEND WHEELCHR SCOOTER

rh5devramp

R5 RH6D THERAPIST RECOMMEND ENTRANCE RAMP

rh5devstair

R5 RH6D THERAPIST RECOMMEND STAIR LIFT GLIDE

rh5devtub

R5 RH6D THERAPIST RECOMMEND GRABBAR TUB SEAT

rh5devtoil

R5 RH6D THERAPIST RECOMMEND GRABBAR TOIL SEAT

rh5deveat

R5 RH6D THERAPIST RECOMMEND ADAPTED UTENSIL

rh5devdres

R5 RH6D THERAPIST RECOMMEND DRESSING DEV

rh5devgrab

R5 RH6D THERAPIST RECOMMEND REACHER GRABBER

rh5devcomp

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

RH7

rh5place1

R5 RH7A RECEIVE REHAB OVERNIGHT HOSP NH REHAB

rh5place2

R5 RH7B RECEIVE REHAB OUTPATIENT

rh5place3

R5 RH7C RECEIVE REHAB HOME

rh5place4

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

BOX RH7E

BOX RH7E

NOT ON FILE

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

RH7E

rh5places

R5 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

rh5placelast

R5 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 "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 RH9B
 - 3 STAYED ABOUT THE SAME RH10
 - 4 VARIED/UP AND DOWN (IF VOLUNTEERED) RH10
- REFUSED RH10
DON'T KNOW 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.

RH9B

rh5abilworse

R5 RH9A 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

rh5rehabnow

R5 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

rh5metgoals

R5 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

rh5metinsur

R5 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

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	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

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

rh5noworse

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.