

# National Survey on Drug Use and Health 2012 Questionnaire Field Test

## SUPPORTING STATEMENT

### A. JUSTIFICATION

#### 1. Circumstances of Information Collection

The National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a national survey of the U.S. civilian, non-institutionalized population aged 12 and older. The conduct of the NSDUH is paramount in meeting a critical objective of SAMHSA's mission to maintain current data on the prevalence of substance use in the United States. In order to continue producing current data, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update the NSDUH periodically to reflect changing substance abuse and mental health issues. CBHSQ is planning to redesign the NSDUH for the 2015 survey year. The redesign will seek to achieve two main goals: 1) to revise the questionnaire to address changing policy and research data needs, and 2) to modify the survey methodology to improve the quality of estimates and the efficiency of data collection and processing. SAMHSA is requesting approval to conduct a Questionnaire Field Test (QFT) to test revisions to the questionnaire associated with these goals.

The questionnaire has been revised to improve questions that cause known or suspected problems with data from the current NSDUH questionnaire. New content that addresses current data needs has also been added. Revisions designed to reduce errors associated with usability problems in the design and layout of the computer-assisted interviewing (CAI) instrument have been implemented. The changes include revised prescription drug modules, revised front end demographics, a revised alcohol module, a new methamphetamine module, a revised special drugs module, a revised consumption of alcohol module, and a revised back end demographics section. In addition, materials that describe the survey to respondents have been revised. These materials include the NSDUH Lead Letter that is mailed to respondents prior to their being contacted by an interviewer, and a Question & Answer Brochure that interviewers provide to respondents.

Revised questions have been tested with 80 respondents across two phases of cognitive interviewing (OMB No. 0930-0290). The cognitive interviews tested updated modules for pain relievers, tranquilizers, sedatives and stimulants. Questions about drugs that are newly available on the market were added and questions about drugs that are no longer commercially available were deleted. These previous phases also tested

a new definition of misuse of prescription drugs as well as respondent understanding of a number of new questions and modules.

The structure of the questionnaire has been revised to group questions about various substances in a more intuitive manner. For example, methamphetamine questions in the NSDUH interview are currently grouped in the same module with prescription stimulants. Because most methamphetamine that is currently used in the United States is produced illegally, methamphetamine questions that were previously scattered throughout a number of modules have been housed in a new methamphetamine module that is separate from the module about misuse of prescription stimulants.

Many of the questions in the back end demographics module are now self-administered. A new module introduces proxy respondents to the computer-assisted interviewing (CAI) instrument so they can answer questions. During the QFT, special attention will be paid to the process of transitioning to a proxy respondent, who will answer questions about respondent and household income and health insurance using audio computer-assisted self-interviewing (ACASI). A modified question about landline telephones and a new question about cell phones in the home have also been added.

Finally, in response to new DHHS data standards, new questions have been added on disability status and primary language.

A number of additional changes have been made to the NSDUH data collection instrument and protocol. Electronic pill cards and reference date calendars were included in the questionnaire to aid respondent recall. New field interviewer (FI) observation questions were added and administered via the screening device, and can be completed after an interviewer has left the respondent's home. A new set of contact materials, including final redesigned versions of the NSDUH Lead Letter and Question & Answer Brochure, will be used in the QFT.

## **2. Purpose and Use of Information**

The objective of the QFT is to assess how planned changes to the screening and interviewing protocol are likely to affect the data collected when the redesigned NSDUH is fielded in 2015. The QFT will involve screening approximately 3,338 households and conducting 2,000 interviews with selected respondents from September through November 2012. The screening and interview data from the QFT will be analyzed to evaluate a number of research questions related to the planned 2015 redesign, including:

- To what extent are the planned changes in the protocol associated with any increases or decreases in the reporting of substance use?
- To what extent are the planned changes in the protocol associated with any differences in the reporting of substance use across important demographic subgroups, especially age groups?
- To what extent do the planned changes to the prescription drug questions appear to affect the reporting of misuse of prescription drugs?
- To what extent do the planned changes in the protocol appear to be associated with any differences in reporting for non-core survey items?
- To what extent does the redesign protocol influence the overall timing of the full interview, the section timing for revised modules, and the screener timing, including the new field observation questions?
- To what extent do the planned changes in the protocol influence data quality as measured by unit nonresponse, item nonresponse, data consistency, and other indicators of data quality?

The QFT screening and interviewing data will be compared with both the 2011 NSDUH data and the third and fourth quarter 2012 NSDUH data to assess the impact of the proposed questionnaire and protocol changes. CBHSQ plans to conduct a dress rehearsal for the redesigned protocol in September through November 2013. The redesigned NSDUH instrument and methods need to be tested and assessed in time for them to be fielded for the 2015 survey.

### **3. Use of Information Technology**

Data for the QFT will be collected in a face-to-face interview setting in respondents' homes using laptop computers. The QFT interviews will be administered using ACASI for the more sensitive questions, which represent most of the interview. The remainder of the interview will be administered by the FIs using computer-assisted personal interviewing (CAPI).

The NSDUH study has been administered via CAI since 1999. The CAPI/ACASI technology affords a number of advantages in the collection of survey data. First, this methodology permits the instrument designer to incorporate more complex routings into the questionnaire compared to a paper-and-pencil instrument. The computer can be programmed to implement complex skip patterns and fill specific wordings based on answers previously provided by the respondent. Errors made by interviewers (and respondents) due to faulty implementation of skip instructions are virtually eliminated. A second feature relates to the consistency of data. The computer can be programmed to identify

inconsistent responses and attempt to resolve them through respondent prompts. This reduces the need for most manual and machine editing, thus saving both time and money. In addition, it is likely that respondent-resolved inconsistencies will result in data that are more accurate than when inconsistencies are resolved using editing rules. Also, the ACASI technology permits nonreaders to complete the interview in total privacy.

CAPI/ACASI technology permits greater expediency with respect to data processing and analysis, e.g. a number of back-end processing steps, including editing, coding, and data entry become part of the data collection process. Data are transmitted via analog modem or digital internet connections, rather than by mail. These efficiencies save time due to the speed of data transmission, as well as receipt in a format suitable for analysis. Tasks formerly completed by clerical staff are accomplished by the CAPI/ACASI program. In addition, the cost of printing paper questionnaires and associated mailing is eliminated.

There is evidence that the ACASI methodology is especially useful for surveys of sensitive topics. Providing the respondent with a methodology that improves privacy and confidentiality makes reporting of potentially embarrassing, stigmatizing, and illegal behaviors (e.g., drug use, mental health issues) less threatening and enhances both response validity and response rates.

The NSDUH currently uses iPAQ hand-held computers to conduct household screening interviews. Manufacture of iPAQ hand-held computers will soon cease, so these devices will not be available for the redesigned NSDUH protocol planned to be fielded in 2015. For this reason, CBHSQ is currently investigating other hand-held computers for use in screening households for the QFT, including tablets and “convertible” laptops. Depending on cost and usability considerations, one or both of these devices will be used to conduct household screening interviews for the QFT. Regardless of the specific device used for the QFT, the hand-held computer will share the primary advantage of the iPAQ, improved accuracy in selecting the correct household member for an interview. The hand-held device will automatically select the correct household member based on the demographic variables entered, thus substantially reducing the probability for human error in the QFT.

#### **4. Efforts to Identify Duplication**

CBHSQ is in contact with all major Federal health survey managers and is aware of no other field tests to assess how changes made to the NSDUH questionnaire and data collection protocol might affect reporting on the NSDUH screening and interviewing questions. To date, no duplication of effort has been identified.

## **5. Involvement of Small Entities**

This field test data collection will not involve small businesses or other such entities.

## **6. Consequences if Information Collected Less Frequently**

A dress rehearsal to test the final instrument and protocol in the field will begin in September 2013. In order to meet this deadline, reporting of the results from the QFT will need to take place in February 2013. This project will not be repeated.

## **7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)**

This information collection fully complies with 5 CFR 1320.5 (d)(2).

## **8. Consultation Outside the Agency**

CBHSQ has consulted with other experts within SAMHSA, including staff from the Center for Substance Abuse Treatment (CSAT), who helped compile a list of 51 State agency contact persons for additional consultation. These 51 agency representatives became the target sample for the NSDUH State Data Users Survey (OMB No.: 0930-0290). The survey asked about how the states use the data and what additional topics or changes would make the data more useful. We have also requested similar information and guidance from other data users in academia as well as other federal agencies, such as NCHS. Several new questions being tested for addition to the NSDUH interview are based on questions from the National Health Interview Survey.

A Federal Register notice published on February 29, 2012 (Vol. 77, page 12319) solicited one comment on the Questionnaire Field Test. The comment came from Legacy for Health. The letter from Legacy for Health, along with SAMHSA's response can be found in Appendix S. In summary, Legacy for Health is requesting that additional questions be added to the tobacco module to capture more detail on brands, flavors, and types of tobacco products. SAMHSA's response indicated that there was a purposeful decision not to revise any of the core drug modules so that comparable data could continue to be captured over time. Measurement of trends in the NSDUH is critical to understanding the progress made in the effort to reduce the use of alcohol, tobacco, and illegal drugs in the U.S and also to track mental health issues in the U.S. population.

It is DHHS policy that all national surveys are reviewed by the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The review for the 2012 NSDUH Questionnaire Field Test was conducted in April 2012.

There are no unresolved issues resulting from these consultations.

## **9. Payment to Respondents**

Adult respondents (age 18 and over) and youth respondents (age 12 to 17) will be given \$30.00 in cash upon completion of the QFT interview. This respondent incentive is consistent with the current NSDUH incentive, which was approved by OMB on October 18, 2001, for use in the 2002 NSDUH survey. Prior OMB approval was provided for the continued use of the \$30.00 incentive for the 2003-2011 NSDUH surveys. The incentive payment is mentioned in the following respondent materials: NSDUH Lead Letter (Attachment D), Appointment Card (Attachment F), Study Description (Attachment G), Introduction and Informed Consents (Attachment L), Screening Questions (Attachments H), Question & Answer Brochure (Attachment I), Unable to Contact Letters (Attachment Q), Call-Me Letters (Attachment R), Refusal Letters (Attachment S) and Interview Payment Receipt (Attachment O).

## **10. Assurance of Confidentiality**

Concern for the confidentiality and protection of respondents' rights has always played a central part in the implementation of the NSDUH and will be given the utmost emphasis for the QFT.

Because interviewers for the QFT will also be conducting data collection for the 2012 NSDUH, they will already be thoroughly trained in methods for maximizing a respondent's understanding of the government's commitment to confidentiality. Special training sessions for the QFT data collection will also provide these interviewers with a refresher on methods to ensure respondents understand the government's commitment to confidentiality. Furthermore, interviewers make every attempt to secure an interview setting in the respondent's home that is as private as possible, particularly when the respondent is a youth. (Attachment A: notice of approval of Federal-Wide Assurance, submitted by RTI to the Office for Human Research Protections (OHRP), DHHS in compliance with the requirements for the protection of human subjects (45 CFR 46)).

The QFT interview will incorporate several procedures to ensure that respondents' rights will be protected. The interviewer will introduce himself/herself and the session with a consent statement. This statement will appear in the Showcard Booklet (Attachment L) and will be read out loud to each interview respondent. As part of the process for obtaining informed consent, respondents are given a Study Description (Attachment G), which includes information on the Confidential

Information Protection and Statistical Efficiency Act of 2002 (included as Title V in the E-Government Act of 2002, P.L. 107-347) and the protection that it affords. Specifically, the Study Description states that respondents' answers will only be used by authorized personnel for statistical purposes and cannot be used for any other purpose.

The QFT protocol will also include techniques to afford privacy for the respondent during the interview process. The ACASI portion of the instrument will maximize privacy and confidentiality by giving control of the sensitive questionnaire sections directly to the respondent. The ACASI methodology allows the respondent to listen to questions through a headset and/or to read the questions on the computer screen, then key his or her own responses into the computer via the keyboard.

Hard copy materials generated during the course of the interview will be marked for identification by the interviewer according to specific instructions. Name, address, or other easily traceable marks will never be noted on the hard copy materials, except on the Quality Control Form (Attachment C) at the end of the interview (with the respondent's permission). Even then, the name is not recorded for interview respondents. Furthermore, respondents will place the Quality Control Form in an envelope and seal it after recording the information. The respondent is told of these procedures in advance. The Quality Control Forms will be mailed directly to the Contractor's main office in North Carolina.

With the CAI methodology, all sensitive data will be entered privately by the respondent, and completed interview data are electronically transmitted to the Contractor's offices on a regular basis via secure encrypted data transmission. Interviewers will not be able to review or edit questionnaire data as the completed interview files are locked. In addition, once the respondent has completed the ACASI portion of the interview, the ACASI section will be locked, so that interviewers will not be able to back up into these questionnaire modules and review the respondent's most sensitive data. On the data file, respondents will be identified only by a link number assigned to screening files and questionnaires/interviews. Although the link number is associated with a location number and a dwelling unit number, this location information will be deleted by the Contractor before the delivery of data to SAMHSA. The dwelling unit address information, which is maintained in a separate file for Contractor use in sampling, fielding, and weighting cases, will be purged at the completion of data processing.

After delivery and acceptance of the final survey data files, all Quality Control Forms will be destroyed, thus eliminating any means of identifying addresses of sample dwelling units. The permanent sampling records will show only the general location in which the interviews were conducted; there will be no record of specific dwelling units contacted.

There will be no Privacy Act System of Records established for this effort.

## **11. Questions of a Sensitive Nature**

Many of the questions to be tested in the QFT concern topics that are likely to be of a sensitive nature to many respondents. Many safeguards, including the mode of questionnaire administration, will be incorporated into the QFT design in order to improve the collection of data on sensitive issues or information. As a part of the interview process and upon introduction, the interviewer will inform the respondent why the information is necessary, indicate who sponsors the Survey, request consent to conduct an interview, and explain the procedures which assure confidentiality. For respondents between the ages of 12 and 17, verbal consent will be obtained from both the parent and the youth. (See Attachment L, Showcard Booklet, for verbal consent text.) However, every attempt will be made to ensure that the actual interview is conducted without parental observation or intervention.

Answers to sensitive questions, including all substance use questions and mental health questions, will be obtained by closed interview design. In the ACASI portion of the interview, the respondent will enter his/her answers directly into the computer. The interviewer will not see these answers. Data from the electronic interviews will be transmitted regularly to the Contractor via secured data transmission. All CAI data will be transmitted to the Contractor's office via analog modem or digital internet connections, and will be identified with a respondent number, which is a code associated with the sample dwelling unit. There will be no system of records which identifies respondents. The questionnaire data will be processed immediately upon receipt at the Contractor's facilities and all links between a questionnaire and the respondent's address are destroyed after all data processing activities are completed.

No signed consent forms will be used; however, verbal consent will be obtained as explained above. The listing of selected dwelling unit locations and addresses will be kept under locked and secured conditions and destroyed after all QFT data processing activities are completed.

## **12. Estimates of Annualized Hour Burden**



The total sample size for the 2012 QFT will be approximately 2,000 persons. This sample size is required to ensure sufficiently reliable estimates to address the research questions detailed in section A.2. It will be necessary to screen approximately 3,338 households to obtain the requisite survey sample size. The most recent estimates for the draft revised questionnaire indicate that the average interview time will be approximately 75 minutes.

Based on the revised questionnaire being longer than the current NSDUH questionnaire, it is estimated that the average amount of time required to administer the 2012 QFT questionnaire will be approximately 75 minutes, including 2 minutes for the Quality Control Form. Administration of the screening questions will remain at an average of 5 minutes per dwelling unit.

Screening verification and interview verification contacts both take an average of 4 minutes and are administered only to a subsample of the cases. An approximate fifteen percent random sample of each interviewer's work (i.e., completed interviews) will be verified in the QFT. In addition to the verification of completed interviews, certain completed screening codes (vacant, not primary residence, not a dwelling unit, DU contains ONLY military personnel, respondents living at residence for less than half of the quarter, and no one selected for interview) will be verified. Previous NSDUH experience indicates that approximately 60% of all QFT screenings will result in one of these six screening codes. An approximate five percent random sample of all such screening codes will be selected for verification follow up.

The hourly wage of \$14.45 was calculated based on weighted data from the 2010 NSDUH respondents' personal annual income.

The data collection field period for the 2012 QFT will be 3 months long, spanning the period from September through November. The respondent burden for the 2012 QFT is shown in the table below:

**Annualized Estimated Burden for 2012 NSDUH Questionnaire  
Field Test**

<i>Instrument</i>	<i>No. of Respondents</i>	<i>Responses per respondent</i>	<i>Hours per response</i>	<i>Total burden hours</i>	<i>Hourly Wage rate</i>	<i>Annualized costs</i>
Household Screening	3,338	1	0.083	277	\$14.45	\$4,003
Interview	2,000	1	1.250	2,500	\$14.45	\$36,125
Screening Verification	100	1	0.067	6.7	\$14.45	\$97
Interview Verification	300	1	0.067	20	\$14.45	\$289
TOTAL:	3,338			2,804		\$40,514

**13. Estimates of Annualized Cost Burden to Respondents**

There are no capital, startup, operational, or maintenance costs to respondents.

**14. Estimates of Annualized Cost to the Government**

Total costs associated with the QFT preparation, data collection, analysis, and reporting are estimated to be \$2,754,485 over a 12-month performance period. Approximately \$524,160 represents SAMHSA costs to manage/administrate the field test.

**15. Changes in Burden**

This is a one-time new data collection.

**16. Time Schedule, Publication and Analysis Plans**

Quantitative screening and interview data from the QFT will be analyzed to evaluate the research questions presented in section A.2. The QFT screening and interviewing data will be compared with both the 2011

NSDUH data and the third and fourth quarter 2012 NSDUH data to assess the impact of the proposed questionnaire and protocol changes. The results of these and other analyses, as well as all field test procedures, will be summarized in a report to be finalized by February 15, 2013. This report will be used by CBHSQ to inform plans for a dress rehearsal of the redesigned protocol to be conducted in September through November 2013. The time schedule for the 2012 NSDUH QFT is provided in the table below.

**Project Schedule for 2012 NSDUH Questionnaire Field Test**

<b><u>ACTIVITY</u></b>	<b><u>TIME FRAME</u></b>
Develop and complete analysis plan	October 2011 to November 2011
Design area sample and select sample segments from retired listed segments	October 2011 to December 2011
Determine and secure locations for interviewer training	November 2011 to January 2012
Develop and complete data processing plans	December 2011 to February 2012
Complete equipment testing	February 2012
Finalize data collection materials	February 2012 to March 2012
Publish 60-day Federal Register Notice	March 2012
Finalize screener and instrument specifications	April 2012
Publish 30-day Federal Register Notice	May 2012
Select dwelling units and prepare SDU lists and maps	May 2012 to July 2012
Finalize programming of screener and interview	May 2012 to July 2012
Select interviewers to conduct data collection	June 2012
Submit clearance package to OMB	June 2012
Finalize interviewer training materials	July 2012 to August 2012
Obtain OMB Clearance	August 6, 2012

Conduct in-person interviewer training sessions	August 2012
Conduct data collection	September 2012 to November 2012
Process data and prepare data files	November 2012 to December 2012
Conduct analysis and produce tables	December 2012 to January 2013
Complete final data files and documentation	February 2013
Complete final report	February 2013

**17. Display of Expiration Date**

The OMB expiration date will be displayed on all QFT data collection instruments.

**18. Exceptions to Certification Statement**

The certifications are included in this submission.