Attachment 4e - 2020 Q3 NHIS COVID-19 Items –

Question evaluation from RANDS web panel and cognitive testing

NOTE: Excepted where noted, these items appear on the Sample Adult only.

POSITIVE COVID-19 CASES, Sample Adult and Sample Child

- (COVIDEV) Doctor or other health professional ever told you had or likely had coronavirus or COVID-19
- (NHIS_TEST) Ever been tested for coronavirus or COVID-19
- (NHIS_RESLT) Test find that had coronavirus or COVID-19
- (CVDSEV_A) Severity of coronavirus symptoms when they were at their worst: no symptoms, mild, moderate or severe

RANDS and cognitive test findings

- (COVIDEV) Cognitive testing found that there may be some confusion about who counts as a health professional leading some to include people such as contact tracers and ambulance drivers.
- (NHIS_TEST) RANDS testing suggests that respondents may report temperature checks or screening forms as tests for COVID-19 in response to the NHIS testing question; however, none of these yes responses to testing ended up being reported as a positive case in NHIS_RSLT. Cognitive testing found that some people with hospital visits were assuming that COVID tests were done but didn't know for sure.
- (NHIS_RSLT) Most cognitive test subjects had no problems with NHIS_RSLT except that some who received false positive or false negative results were unclear about how to report.
- (DVDSEV_A) RANDS found that there was some conceptual overlap between mild and moderate symptoms; however, the purpose of the questions was to distinguish between asymptomatic and symptomatic cases. Cognitive testing found that the question worked well for this purpose.

Overall, the RANDS studies and cognitive testing suggests these questions function well to identify positive COVID cases and separate asymptomatic cases from symptomatic cases. Cognitive testing suggested some slight overreporting of positive cases; however, the unweighted estimates from the NHIS up to this point suggest that the NHIS findings align with external data sources. No changes were made to the NHIS questions taking all of this into consideration. Since the purpose of these questions is to identify positive COVID-19 cases and not to provide estimates of testing, NCHS may consider not releasing NHIS_TEST on public use data files to ensure the data are used appropriately.

IMMUNOSUPPRESSION

- (MEDRXTRT_A) Past 12 months, taken prescription medication or had any medical treatments that a doctor or other health professional said would weaken immune system
- (HLTHCOND_A) Currently has a health condition that a doctor or other health professional said weakens the immune system

RANDS and cognitive test findings

- RANDS found that NHIS sequence that includes both medication and health conditions that weaken the immune system is the best approach as it causes less confusion for respondents who are using therapies that weaken the immune system.
- (HLTHCOND_A) Cognitive testing found that while people were generally aware of what chronic conditions they had; they were not always certain whether these conditions specifically weakened the immune system.

The cognitive test findings indicate that there is some conceptual variability due to differences in the understanding of what counts as a health condition that weakens the immune system. No changes were made to the NHIS questions since interviewer instructions include examples of medications and conditions that suppress the immune system for the interviewers to clarify the intent of the questions.

ACCESS TO CARE, Sample Adult and Sample Child

- (DLYCARE_A) Any time DELAYED getting medical care because of the coronavirus pandemic
- (DNGCARE_A) Any time needed medical care for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic
- (VIRAPP12M_A) Past 12 months, had an appointment with a doctor, nurse, or other health professional by video or by phone
    - (VIRAPPCVD_A) any of appointments done by video or by phone because of reasons related to the coronavirus pandemic

RANDS and cognitive test findings

- DLYCARE_A was not tested in RANDS or cognitive testing.
- (DNGCARE_A) RANDS found that a series of questions that prompts for not getting specific types of medical care will produce higher estimates than a single question like the NHIS. Cognitive testing found that people who delayed care had a difficult time determining how to answer this question if they eventually received the care. In addition, it was difficult for some people to determine if care that they chose to forgo themselves to limit interaction (as opposed to care refused by a provider) should be reported in response to this question.
- (VIRAPP12M_A) Cognitive testing generally found that this question works well, but some people were unsure whether to include calls such as therapy sessions and phone calls to get prescription refills.
- VIRAPPCVD_A was not tested in RANDS or cognitive testing.

No changes were made to the NHIS questions. Most of the issues with DNGCARE_A are addressed with the inclusion of a question on delaying care prior to being asked about not getting care due to the pandemic. It would be difficult to justify including a series of questions on delaying or not getting care with the limited space that is available on the NHIS. The wording of the NHIS questions is also aligned with wording on other federal surveys addressing the pandemic such as the Pulse survey.