Nonsubstantive Change Request

RAPID SURVEYS SYSTEM

OMB No**.** 0920-1408, Expiration Date 06/30/2026

Contact Information:

Stephen Blumberg, PhD

Division of Health Interview Statistics
National Center for Health Statistics/CDC
3311 Toledo Road
Hyattsville, MD 20782
301.458.4107 (voice)
301.458.4035 (fax)
swb5@cdc.gov

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Attachment A: Rapid Surveys System Round 8 Questionnaire

Rapid Surveys System – Round 8

This is a request for approval of a nonsubstantive change to the Rapid Surveys System (RSS) (OMB No. 0920-1408, Exp. Date 06/30/2026), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). This nonsubstantive change request is for the eighth round of the RSS.

A. Justification

1. Circumstance Making the Collection of Information Necessary

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, collect data about the health of the population of the United States.

RSS collects data on emerging public health topics, attitudes, and behaviors using cross-sectional samples from two commercially available, national probability-based online panels. The RSS then combines these data to form estimates that approximate national representation in ways that many data collection approaches cannot. The RSS collects data in contexts in which decision makers' need for time-sensitive data of known quality about emerging and priority health concerns is a higher priority than their need for statistically unbiased estimates.

The RSS complements NCHS's current household survey systems. As quicker turnaround surveys that require less accuracy and precision than CDC's more rigorous population representative surveys, the RSS incorporates multiple mechanisms to carefully evaluate the resulting survey data for their appropriateness for use in public health surveillance and research (*e.g.*, hypothesis generating) and facilitate continuous quality improvement by supplementing these panels with intensive efforts to understand how well the estimates reflect populations at most risk. The RSS data dissemination strategy communicates the strengths and limitations of data collected through online probability panels as compared to more robust data collection methods.

The RSS has three major goals: (1) to provide CDC and other partners with time-sensitive data of known quality about emerging and priority health concerns; (2) to use these data collections to continue NCHS's evaluation of the quality of public health estimates generated from commercial online panels; and (3) to improve methods to communicate the appropriateness of public health estimates generated from commercial online panels.

The RSS is designed to have several rounds of data collection each year with data being collected by two contractors with probability panels. A cross-sectional national sample will be drawn from the online probability panel maintained by each of the contractors.

Each round's questionnaire will consist of four main components: (1) basic demographic information on respondents to be used as covariates in analyses; (2) new, emerging, or supplemental content proposed by NCHS, other CDC Centers, Institutes, and Offices, and other

HHS agencies; (3) questions used for calibrating the survey weights; and (4) additional content selected by NCHS to evaluate against relevant benchmarks. NCHS will use questions from Components 1 and 2 to provide relevant, timely data on new, emerging, and priority health topics to be used for decision making. NCHS will use questions from Components 3 and 4 to weight and evaluate the quality of the estimates coming from questions in Components 1 and 2. Components 1 and 2 will contain different topics in each round of the survey.

2. Purpose and Use of Information Collection

In the eighth round of the RSS, contributed content includes content on artificial intelligence and help seeking behaviors and selected content from the National Survey on Drug Use and Health (NSDUH) including substance use prevalence, risk perception of certain substance use, recovery from drug and alcohol use, mental health problems, and suicidal thoughts, plans, and attempts.

NCHS calibrates survey weights from the RSS to gold standard surveys. Questions used for calibration in this round of RSS, over and above the standard demographic variables, will include social and work limitation, health information technology use, telephone use, language used at home and in other settings, and civic engagement. All these questions have been on the National Health Interview Survey (NHIS) in prior years allowing calibration to these data.

Finally, several questions that were previously on NHIS and other suitable federal surveys will be used for benchmarking to evaluate data quality. For these purposes, all panelists in the RSS will be asked questions on health status, chronic conditions, disability, whole person health, social support and loneliness, social connectivity and isolation, depressive symptoms (PHQ-8), social determinants of health, and health care access and utilization.

The questionnaire for round 8 is included as Attachment A, and the content justification is included as Appendix A within this document.

12. Estimates of Annualized Burden Hours and Costs

A. Time Estimates

This nonsubstantive change request seeks approval to the OMB data collection that was approved on 06/30/2023 (OMB# 0920-1408, expires 06/30/2026). The average burden for the eighth-round survey cycle is shown in the table below.

The NCHS RSS Round 8 (2026) data collection is based on 8,000 complete surveys (2,664 hours) and 20 cognitive interviews (20 hours) using the same survey instrument. The total number of responses is 8,020 and the total burden is 2,020 hours.

Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden
Adults 18+	Survey: NCHS RSS Round 8	6,000	1	20/60	2,000
Adult 18+	Cognitive Interviews	20	1	1	20
Total					2,020

B. Cost to Respondents

At an average wage rate of $36.31 per hour, the estimated annualized cost for the 2,020 burden hours is $73,589 for Round 8.

Estimated Annualized Burden Costs

Total Burden Hours	Hourly Wage Rate	Total Respondent
2,020	$36.43	$73,589

15. Explanation for Program Changes or Adjustments

There is no additional burden. The burden is included in the original submission that was approved on June 30, 2023.

Appendix A: Justifications for Content from Sponsors

The new, emerging, or supplemental content in this round of RSS includes the following topic areas:

1. Artificial intelligence, suicidal ideation, and help seeking behavior
2. Select content from the National Survey on Drug Use and Health

The justification for each of these topic questions follows. Each of the topic areas must meet criteria for at least one of the four possible reasons for inclusion of a topic area in RSS:

1) **Time-sensitive data needs**
2) **Public health attitudes and behaviors** (e.g., opinions, beliefs, stated preferences, and hypotheticals)
3) **Developmental work** to improve concept measurement/questionnaire design
4) **Methodological studies** to compare, test, and develop approaches to data collection and analysis

Artificial intelligence, suicidal ideation, and help seeking behaviors
Program: National Center for Injury Prevention (NCIPC), Division of Injury Prevention (DIP)

Background/Rationale

Recent years have seen a rapid proliferation in the availability and accessibility of large language model (LLM)-based artificial intelligence (AI) chatbots. At the same time, such AI chatbots have become increasingly sophisticated, with some options being developed and marketed as personal companions or to provide mental health support. As a result of these shifts, there is both substantial interest in the potential for AI chatbots to fill gaps in access to mental health care services, and significant concern about the potential for harm resulting from a reliance on AI chatbots for emotional support or counseling. The public health implications of this are particularly acute as U.S. suicide rates appear on track to remain at peak after a 37% increase between 2000-2018 (Centers for Disease Control and Prevention, 2025). Suicidal ideation is a major risk factor for fatalities resulting from suicide, while also representing a critical window for intervention. Anecdotal reports have suggested that the use of AI chatbots for emotional support and connection may have preceded specific death by suicide, but there is currently insufficient data to investigate this on a population level.

Early research into the use of AI chatbots for emotional support or help-seeking has largely occurred in clinical or experimental contexts or relied on non-probability samples resulting in survey data of unknown quality and representativeness. Public health efforts require more robust probability-based estimates on user habits and behavior, public perceptions of chatbots, and associations with health outcomes including suicidality. Additionally, because of the dynamic and novel nature of AI chatbots, there are few existing survey measures on the topic, with little opportunity for evaluation to understand how respondents understand chatbots and associated concepts.

RSS provides an opportunity to fill this research gap – while traditional federal surveys would lag behind as the accessibility, acceptability, and capability of AI chatbots continue to evolve, RSS will produce publicly-available data within the year .

Proposed Use of the Data
Data will be analyzed using descriptive techniques, to include examination by demographic groups, regions, and other variables as appropriate. To the extent allowed by sample sizes and other requirements, correlational methods and significance testing may be performed. Results will inform continued research into patterns of AI chatbot use and its potential health impacts.

Justification for Rapid Surveys
These estimates will inform our understanding of **public health attitudes and behaviors** regarding respondents' self-report of suicidal thoughts within the last year and use of Artificial Intelligence (AI) chatbots and companions as a means for emotional support. Data related to the use of AI specifically for emotional support is scarce, as this is a relatively newer application of AI tools. Results from RSS will also help to **develop measures** and establish a baseline that can be tracked over time. This is especially important as the use of AI based applications for social

connection, crisis intervention, and counseling is expected to continue to grow with technological advances and increased acceptance by the public.

Concepts Measured
- Use of AI chatbot or companion
- Use of AI chatbot or companion for emotional support
- Time spent using AI chatbot or companion for emotional support
- Use of AI chatbot or companion while having suicidal thoughts
- Feeling understood by AI chatbot or companion
- Sense of connection with AI chatbot or companion
- Sense of pandering from AI chatbot or companion
- Trust advice from AI chatbot and companion
- AI chatbot and companions can think the same way as a human
- Ever received advice from AI chatbot or companion that felt harmful
- Preference for AI chatbot or human for emotional support
- Suicide (Using NSDUH measures)
    o Past 12 months any serious thoughts of suicide
    o

Duplication and measurement on other national surveys

These measures were developed for RSS Round 8. There are no existing surveys on this topic using national probability-based samples.

Proposed Data Dissemination
Estimates and the microdata will be made publicly available. These include an online interactive dashboard where users can select pre-tabulated estimates including standard errors/confidence intervals, and a public-use file. All of these analytic products will include transparent information regarding any known limitations and data quality. In particular, the documentation will indicate that Rapid Surveys is not designed to replace NCHS' higher-quality established data collections, and it will highlight key methodological differences that may increase the risk of bias in Rapid Surveys estimates. Following the round, each data collection contractor will produce a methodology report that describes the composition and representativeness of the sample.

References
Centers for Disease Control and Prevention. (2025). *Suicide Data and Statistics.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. https://www.cdc.gov/suicide/facts/data.html

Fang, C., Liu, A., Danry, V., Lee, E., Chan, S., Pataranutaporn, P., Maes, P., Phang, J., Lampe, M., Ahmad, L., Agarwal, S. (2025). How AI and Human Behaviors Shape Psychosocial Effects of Extended Chatbot Use: A Longitudinal Randomized Controlled Study. arXiv: 2503.17473
Moore, J., Grabb, D., Agnew, W., Klyman, K., Chancellor, S., Ong, D.C., Haber, N. (2025). Expressing stigma and inappropriate responses prevents LLMs from safely replacing mental health providers. arXiv:2504.18412.

Rousmaniere, T., Zhang, Y., Li, X., & Shah, S. (2025). Large language models as mental health resources: Patterns of use in the United States. *Practice Innovations*. Advance online publication. https://dx.doi.org/10.1037/pri0000292

National Survey on Drug Use and Health (NSDUH)
Program: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Background/Rationale
Mental health, substance misuse, addiction, and their related health and social impacts such as overdose and suicide are dynamic and evolving. Access to rapid, quality data is imperative to designing and implementing programs and policies to reduce the ongoing negative outcomes of these health issues. The National Survey on Drug Use and Health (NSDUH) provides nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; and receipt of substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States. For more than four decades, NSDUH has been the federal government's trusted source of information on substance use and mental health, however there are limitations to these data, including timeliness and lack of flexibility to rapidly assess emerging issues in behavioral health.

Inclusion of NSDUH indicators in the RSS will provide an opportunity to capture a timely snapshot of critically needed behavioral health data while simultaneously providing SAMHSA with critical information on how responses may vary across core NSDUH indicators when employing alternative survey methods.

Proposed Use of the Data
The primary analysis of the RSS data will focus on three key objectives:
- Assessment of the comparability of the prevalence estimates and response patterns between the RSS results and most recent NSDUH data through descriptive statistics, cross tabulations by key demographics, and an evaluation of item-level missingness and nonresponse.
- Analysis of potential differences in responses attributable to the RSS web-based survey mode.
- Identification of any systematic differences that may inform revisions to current survey methodologies, improvements to weighting and adjustment procedures, potential for future integration of rapid response tools in ongoing data collection activities.

RSS data will directly inform the understanding of how NSDUH indicators perform when using commercial online survey panels. This will provide critical insights into how SAMHSA might enhance the timeliness and flexibility of their behavioral health surveillance efforts. SAMHSA does not plan to produce any publications using the RSS data at this time.

Justification for Rapid Surveys
RSS data collected in this **methodological study** will be used to compare estimates when utilizing different survey meths .

Concepts Measured
- Nicotine
    - o Ever smoked part or all of a cigarette
        - Past 30 days smoked part or all of a cigarette

- - Ever vaped nicotine
  - Past 30 days vaped nicotine
- Alcohol
  - Ever drank alcoholic beverage
    - How long since last drank alcoholic beverage
    - Past 30 days drank alcoholic beverage
- Marijuana
  - Ever used CBD or hemp product
    - How long since last used CBD or hemp product
  - Ever used marijuana or cannabis product
    - How long since last use of marijuana or cannabis product
    - Past 30 day use of marijuana or cannabis product
    - Past 30 day use of specific marijuana or cannabis product
- Cocaine
  - Ever used cocaine
    - How long since last used cocaine
- Heroin
  - Ever used heroin
    - How long since last used heroin
- Illegally made fentanyl
  - Ever used illegally made fentanyl
    - How long since last used illegally made fentanyl
- Hallucinogens
  - Ever used LSD
    - Ever used psilocybin
- Methamphetamine
  - Ever used methamphetamine
    - Last used methamphetamine
- Kratom
  - Ever used kratom
    - Last used kratom
- Risk perceptions of substance use
  - Perceived risk from smoking one or more packs of cigarettes a day
  - Perceived risk from using LSD once or twice a week
  - Perceived risk from using heroin one or twice a week
  - Perceived risk from drinking four or five alcoholic beverages nearly every day
  - Perceived risk from drinking five or more alcoholic beverages one or twice a week
- Suicide
  - Past 12 months any serious thoughts of suicide
  - Past 12 months any plans to commit suicide
  - Past 12 months any attempted suicide
    - Past 12 months any medical attention because of suicide attempt
      - Any hospital stays due to suicide attempt
- Generalized Anxiety Disorder Scale (GAD-7)
  - Last two weeks bothered by feeling nervous, anxious, or on edge

- Last two weeks bothered by not being able to stop or control worrying
  - Last two weeks bothered by worrying too much about different things
  - Last two weeks bothered by having trouble relaxing
  - Last two weeks bothered by being so restless that it is hard to sit still
  - Last two weeks bothered by becoming easily annoyed or irritable
  - Last two weeks bothered by feeling afraid as if something awful might happen
- Arrested and booked for breaking the law
  - Past 12 months been arrested and booked for breaking the law
    - Past 12 months arrested and booked for driving under the influence of alcohol or drugs
  - Past 12 months driven under the influence of alcohol
  - Past 12 months driven under the influence of marijuana
  - Past 12 months number of times sold illegal drugs
- Mental Health Treatment
  - Past 12 month participation in support group to help with mental help
  - Past 12 months see in emergency department for mental health
  - Past 12 months take medication to help with mental health
- Alcohol and Drug Treatment
  - Past 12 month participation in support group to help with alcohol or drug use
  - Past 12 months see in emergency department for alcohol or drug use
- Overdoes reversal
  - Past 12 months treatment with an overdose reversal medicine
- Recovery from drug and alcohol use
  - Have problems with drug or alcohol use?
  - Considered to be in recovery from your drug or alcohol use
- Recovery from mental health problems
  - Have problems with your mental health
  - Considered to be in recovery from mental health problems

Duplication and measurement on other national surveys
There is a purposeful overlap between the questions asked on RSS and NSDUH due to the methodological nature of this study. RSS data will not be used to produce national estimates.

Proposed Data Dissemination
Because the NSDUH items are being generated for methodological purposes, population prevalence estimates will not be treated as official statistics, nor will they be made public. However, the results of the testing may be described as part of a methodological discussion.

References
Center for Behavioral Health Statistics and Quality. (2023). 2024 National Survey on Drug Use and Health (NSDUH): Final in-person specifications for programming (English version). Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug

Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-release