

Nonsubstantive Change Request

RAPID SURVEYS SYSTEM

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

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Rapid Surveys System – Round 9

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 ninth 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 ninth round of the RSS, contributed content includes content on birth defect prevention and folic acid, awareness and attitudes about highly processed foods, and diet and nutrition behaviors including fast food consumption, the use of diet apps and food labels for making food choices, beverage consumption habits, and parent-reported diet behavior among children.

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 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, social parenting support, symptoms of depression and anxiety, immunization, body mass index, nicotine use, social determinants of health, and health care access and utilization.

The questionnaire for round 9 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 9 (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 2,687 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 9	8,000	1	20/60	2,667
Adult 18+	Cognitive Interviews	20	1	1	20
Total					2,687

B. Cost to Respondents

At an average wage rate of \$36.43 per hour, the estimated annualized cost for the 2,687 burden hours is \$97,887 for Round 9.

Estimated Annualized Burden Costs

Total Burden Hours	Hourly Wage Rate	Total Respondent
2,687	\$36.43	\$97,887

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. Birth defects prevention and folic acid
2. Diet and nutritional behaviors
3. Parent-reported diet behaviors among children
4. Awareness and attitudes about highly processed foods

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

Birth defects prevention and folic acid

Program: National Center on Birth Defects and Developmental Disabilities (NCBDDDD); Division of Birth Defects and Infant Disorders (DBDID); Infant Outcomes Monitoring, Research, and Prevention Branch (IOMRPB)

Background/Rationale

CDC recommends that all women capable of becoming pregnant get 400 micrograms of folic acid daily to help prevent serious malformations of the brain and spine called neural tube defects (NTDs). The Public Health Service Act directs CDC to provide education and training for health care professionals and the general public on the effects of folic acid in preventing birth defects. Additionally, CDC is directed to conduct research on health education and identify strategies to increase consumption of folic acid and the understanding of the effects of folic acid in preventing birth defects (PHS Act, Sec 317).

The objective of the proposed content is to assess the perceptions, attitudes, and practices of women of childbearing age concerning folic acid intake and birth defect prevention. The results will be used to identify opportunities for framing and disseminating messages around the importance of folic acid intake. Results from DBDID's social media environmental scan show that there are popular posts encouraging the use of various folate forms for pre-pregnancy health. However, folic acid is the only form of folate that has been shown in randomized control trials to be effective in preventing NTDs. Increasing our understanding of the awareness and intake of various folate forms among women of reproductive age is critical.

A secondary aspect of this work will examine how maternal diabetes intersects with folic acid intake and NTD prevention. The prevalence of diabetes has been steadily increasing in the United States, and pregestational diabetes is a strong risk factor for birth defects including NTDs. Ensuring that women with diabetes are getting sufficient folic acid is important to supporting healthy births.

Proposed Use of the Data

Descriptive statistics, cross-tabulation tables, and odds ratios with 95% confidence intervals will be generated to explore associations between vitamin intake, healthcare provider recommendations, and perceptions of folic acid benefits. Pregnancy planning and diabetes status will primarily be used as covariates for these analyses. Descriptive statistics and cross-tabulation tables will also be generated to examine common and preferred sources of information on vitamins; these analyses will inform education and outreach efforts.

Justification for Rapid Surveys

These estimates will contribute to the understanding of **public health attitudes and behaviors** around folic acid consumption and birth defects prevention. Content will explore folic acid/folate supplementation behaviors and perceptions of the benefits of and recommendations on folic acid for NTD prevention.

Concepts Measured

- Taken any vitamin in the past year
- Taken any vitamins containing folate

- Type of folate in vitamin (folic acid, another folate, or both)
- How often vitamin containing folate taken in a typical week
- Sources of information about vitamins
- Preferred source of information about vitamins
- Encouraged by doctor or provider to take daily vitamin with folic acid
- Awareness that folic acid reduces risk of birth defects of brain and spine
- Awareness of timing of folic acid to prevent birth defects of brain and spine
- Current and future pregnancy plans
- Currently have diabetes
- Using diabetic pills to lower blood sugar
- Using insulin
- Using GLP-1 medication to lower blood sugar or lose weight
- Managing diabetes through diet and exercise

Duplication and measurement on other national surveys

While some sources provide data on multivitamin use and diabetes status among women of reproductive age, there are currently no data sources available on both women's awareness of and intake of various folate forms. Data from CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) have been used to explore folic acid intake, but those data are only from women who recently had a live birth. DBDID has also used Porter Novelli surveys (PN Styles and PN View) to capture data more broadly on folic acid intake from women of reproductive age. However, the Styles surveys are no longer available to DBDID. The Rapid Surveys System will allow DBDID to both improve concept measurement and gather this information from a larger data source than the previous PN surveys.

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.

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Diet and nutritional behaviors

Program: National Center for Health Statistics (NCHS), Division of Health and Nutrition Examination Surveys (DHANES)

Background/Rationale

The National Health and Nutrition Examination Survey (NHANES) collects data about what participants eat, drink, and take as supplements to determine food and nutrient intake through diet and dietary supplements, helping monitor the nutritional status of U.S. adults and children. The proposed collaboration with RSS would support NHANES data modernization and efficiency efforts in several ways.

1. RSS will be used to pilot and evaluate items on two emerging areas of interest in nutrition: consumption of unsweetened carbonated water and use of apps to record and manage dietary decisions. The Dietary Guidelines for Americans 2025-2030 recommend choosing water and unsweetened beverages to keep hydrated. Carbonated water is unsweetened and provides hydration, but carbonation has higher acidic content which may be related to poor dental or bone health, so it is important to monitor consumption trends and associated health outcomes. However, this is not currently measured on national dietary surveys like NHANES.

The Dietary Guidelines also highlight the high prevalences of obesity and related diseases. Use of a web-based dietary diary has been associated with weight loss in at least one study. As with consumption of carbonated water, data on this behavior is limited; findings from the RSS will provide preliminary prevalence estimates and inform the development of future questions on each of these topics in NHANES.

2. RSS will be used to conduct exploratory benchmarking of content on nutrition label use between RSS and NHANES. The Nutrition Facts Label on foods and beverages can be an effective tool for making informed choices, and evidence suggests that using the Nutrition Facts Label is associated with healthier eating and even reduced rates of some chronic disease. NHANES includes a question about use of the nutrition facts label; inclusion of the same question in RSS allows for methodological comparison related to mode of question administration. However, NHANES new data will not be available until 2028. The inclusion of a question on RSS now also allows for the production of a more timely estimate, though it may not be as accurate or precise as the eventual NHANES estimate.
3. RSS will be used to explore alternative approaches to generating existing NHANES estimates on consumption of fast food and convenience store food, sugar-sweetened beverages (SSBs), and diet or artificially beverages, each of which are common in U.S. diets and have been linked to negative health outcomes.

Fast food and foods purchased at conveniences stores are often high in calories, sodium, saturated fat and added sugar, and consumption of fast food has been associated with high caloric intake and poor diet quality. During August 2021–August 2023, about one-third of adults age 20 and older (32.0%) consumed fast food on a given day. SSBs are the

largest source of added sugars consumption in the diet and added sugars have been associated with weight gain, diabetes and cardiovascular disease. Obesity prevalence continues to be high in the US despite a decrease in added sugar and SSB consumption. Low calorie sweeteners (LCS) have become increasingly common in the US diet. In fact, the amount of LCS consumed in beverages in the US has increased more than 100% in the last decade. Long term LCS consumption may be related to negative health outcomes in adults.

NHANES includes a 24-hour dietary recall interview that measures consumption of fast food and food from convenience stores, SSBs, and LCS beverages. The inclusion of questions on consumption of these foods and beverages in RSS allows methodological work comparing data sources and methods. Resulting estimates will be evaluated to assess the utility of web panels for producing such estimates.

Proposed Use of the Data

- Descriptive statistics, cross-tabulation tables, and odds ratios with 95% confidence intervals will be generated to better understand nutrition label use. Estimates of nutrition label use will also be benchmarked to estimates from matching NHANES items to explore mode and sample differences.
- Estimates of fast food and convenience store consumption will be compared to estimates generated by NHANES 24-hour dietary recall data to explore the comparability of estimates generated using more and less intensive methods.
- Estimates for the use of apps or online tools to track diet will be analyzed overall and by select demographic subgroups to inform further development work to measure this construct on NHANES. Cognitive testing results will also be used to inform question development. If cognitive testing suggests that the question was reasonably interpreted and answered, descriptive statistics, cross-tabulation tables, and odds ratios with 95% confidence intervals may also be generated to better understand use.
- Estimates for beverage consumption (sugar-sweetened, diet, and carbonated) will be analyzed overall and by select demographic subgroups.

Justification for Rapid Surveys

This proposal includes **developmental work** on emerging areas of interest including carbonated water consumption and use of apps to track diet, and on alternative measures of existing estimates on fast food, SSB, and LCS beverage consumption. This proposal also includes a **methodological study** benchmarking estimates on nutrition label use produced by RSS and NHANES.

Concepts Measured

- Bought fast food in past 24 hours
- Bought food from convenience store in past 24 hours
- How often drank soda in past week
- How often drank other sugar-sweetened beverages in past week
- How often drank diet or artificially sweetened soda in past week
- How often drank other diet or artificially sweetened beverages in past week
- How often drank carbonated water in past week

- Use app or online tool to track diet
- How often use nutrition labels when choosing food

Duplication and measurement on other national surveys

Use of nutrition labels when choosing food is measured on NHANES; this question will be duplicated on RSS-9 for benchmarking purposes. Fast food and convenience store food consumption are also measured on NHANES using a different methodology (estimated from 24-hour dietary recall data); these questions are included on RSS-9 for methodological comparison. Sugar-sweetened and diet beverage consumption have previously been measured on NHANES, BRFSS, and NHIS, however, existing estimates are already several years out-of-date and dietary data from the current cycles of these surveys will not be released until 2028. Use of apps or online tools to track diet and carbonated water consumption were written for RSS and have not been previously measured on other national surveys.

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.

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Parent-reported diet behaviors among children

Program: Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Office of Epidemiology and Research (OER)

Background/Rationale

In early 2025, data from the National Survey of Children's Health (NSCH) was highlighted in the "Establishing the President's Make America Healthy Again Commission," Executive Order (EO) 14212. Subsequently, the May 2025 "Make our Children Healthy Again" Strategy Report stated that questions that focus on nutrition will be added to the NSCH. HRSA MCHB's Office of Epidemiology and Research has collaborated with child health and nutrition partners at HRSA, CDC, and USDA to assess approximately 130 survey items from more than 10 existing surveys to determine candidate survey items and topics that could be appropriate and policy-relevant additions to the NSCH that align with the EO, advance the mission of the Strategy Report, and are consistent with the recently released dietary guidelines.

Based on these deliberations, this proposal seeks to use the RSS to pilot and evaluate a selection of items about foods and drinks that parents provide to children in the home. Results from the web survey and cognitive testing will help ensure that any new nutrition items align with the NSCH's overall content, capture policy- and program-relevant constructs of interest, and that their addition will not place excessive burden on respondents.

Proposed Use of the Data

RSS data will be used to inform the development of questions for the NSCH about foods and drinks that are provided to children in the home. Response distributions will be analyzed overall and by key covariates based on items from the NSCH, NHIS, and NHANES, including how often the family ate meals together in the past week and whether the respondent is responsible for shopping or planning and preparing food in the household. Cognitive interview findings will also be reviewed for insights on concept specification, use of images and examples to aid in recall and comprehension, and suitability of response scales.

Questions on meals eaten together as a family and household food sufficiency from the NSCH were also included to facilitate comparisons of the RSS sample to the NSCH sample. While true benchmarking is not possible for these questions given population differences between the two surveys, these questions will provide valuable context for the interpretation of other responses in this section.

Justification for Rapid Surveys

The NSCH currently includes a limited number of nutrition-related items; including an expanded set of nutrition questions on the RSS will contribute to **developmental work** to improve measurement of nutrition as a broader construct within a recurring flagship survey (NSCH), in response to EO 14212 and the MAHA Strategy Report. This work will support the development of a more robust set of nutrition measures to ensure they are conceptually clear, interpretable by respondents, and aligned with emerging federal priorities. In doing so, the findings will inform future enhancements to the NSCH and strengthen its ability to capture meaningful data on nutrition and its role in child health and well-being.

Concepts Measured

- Ever drink follow-on formula
- How often children in household were provided milk in past week
- Type of milk most often provided (cow, plant-based, other)
- Fat content of cow's milk most often provided
- Past week served raw or unpasteurized milk
- Past week served flavored milk
- How often children in household were provided sweetened foods or desserts in past week
- How often children in household were provided vegetables in past week
- How often children in household were provided salty snacks in past week
- How often children in household were provided diet or artificially sweetened beverages in past week
- How often children in household were provided sugary beverages in past week
- How often parents bought fast food for children in household in past week
- How often parents use nutrition labels when choosing food for children in household
- Planning and preparing family meals
- Shopping for family food
- Eating meals together as a family
- Ability to afford food

Duplication and measurement on other national surveys

The proposed nutrition content for RSS focuses on parental behaviors (what foods are provided to children in the home) rather than child food intake (what foods children eat). While this framing has not been duplicated on other federal surveys, related content has been fielded on a number of national surveys, primarily NHANES, NSCH, the Feeding Infants and Toddlers Study (FITS), the Behavioral Risk Factor Surveillance System (BRFSS) – Child-related modules, National Household Food Acquisition and Purchase Survey (FoodAPS)

Proposed Data Dissemination

Because these items are being included for developmental purposes and given the close overlap with content on the NSCH, population prevalence estimates will not be treated as official statistics, nor will they be made public. Discussion of comparisons between the NSCH and RSS samples may be described as part of a methodological discussion.

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Awareness and attitudes about highly processed foods

Program: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP);
Division of Nutrition, Physical Activity, and Obesity (DNPAO)

Background/Rationale

Highly processed food, sometimes called ultra-processed foods, have recently received increased attention among federal agencies and the public, and they are a focus of the Make Our Children Healthy Again: Assessment report. Scientific evidence suggests that consumption of highly processed foods is associated with a variety of health concerns, and highly processed foods make up a large proportion of the U.S. food supply. Dietary Guidelines for Americans 2025–2030 recommend limiting highly processed foods. However, uniform definitions for these terms have not been established for the U.S. food supply, and the public might experience confusion when identifying which foods are highly processed and how to reduce highly processed foods in the diet.

We propose to address these timely issues by assessing current knowledge and attitudes related to highly processed foods.

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 messaging efforts as well as continued research into attitudes and behaviors around highly processed foods.

Justification for Rapid Surveys

These estimates will contribute to the understanding of **public health attitudes and behaviors** around highly processed foods. Questions on highly processed foods will also contribute to **developmental work** to improve the measurement of these attitudes and behaviors, in particular, by exploring the current level of understanding of the definition of highly processed food and how this definition might be succinctly conveyed to survey respondents and the general public.

Concepts Measured

- Confidence in identifying highly processed foods
- Best guess of how often highly processed foods consumed in past week
- Perceived healthiness of highly processed food consumption
- Main reason for consuming highly processed foods
- Sources of information on highly processed foods
- Awareness of new Dietary Guidelines
 - Awareness of recommendation to avoid highly processed foods

Duplication and measurement on other national surveys

Objective estimates of highly processed food consumption can be produced based on NHANES dietary recall data. However, other federal surveys have not asked about perceptions, motivations, and sources of information around highly processed foods as a category.

Additionally, new dietary guidelines were released in January 2026, too recently to be assessed by traditional federal surveys.

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.

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