NCHS Rapid Surveys System

NATIONAL CENTER FOR HEALTH STATISTICS

Technical Notes

Round 7: Data collected July-August 2025

Last revised January 27, 2026

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Introduction

The National Center for Health Statistics (NCHS) Rapid Surveys System (RSS) is a platform that utilizes commercially available probability-based online panels to provide time-sensitive data about emerging and priority health concerns. RSS began fielding in 2023, and has a different questionnaire administered each round of data collection.

To provide timely access to selected point estimates based on RSS content, a dashboard may be released following each round of data collection. Percentages are shown by selected population subgroups such as age group, sex, race and Hispanic origin, education, household income as a percentage of the federal poverty level, region, and urbanicity.

Methods

Data source

The target population of RSS Round 7 (RSS-7) is all U.S. adults aged 18 and older. Data were collected in July-August 2025 from two commercial panel providers using the same questionnaire (www.cdc.gov/nchs/data/rss/round7/questionnaire.pdf). Data were collected from 8,118 adult participants this round using two panels – Amerispeak (conducted by NORC at the University of Chicago) and KnowledgePanel (conducted by Ipsos). The combined completion rate was 62.6% (1).

Both panel providers collect profile information from their panelists on a regular basis, including several sociodemographic and geographic characteristics. As these data were already available for RSS respondents as part of their panel profile data, questions about these characteristics were not re-asked on the RSS questionnaire. These measures were harmonized into common categories, but the information was collected separately from RSS, at different times and using different questions in each panel.

Details on data collection, sampling methods, response rates, weighting methodologies, and other data processing components can be found in the Survey Description www.cdc.gov/nchs/data/rss/round7/RSS7-SurveyDescription.pdf) and the Quality Profile (www.cdc.gov/nchs/data/rss/round7/rss7-quality-profile.pdf).

Estimation procedures

The RSS-7 questionnaire included several variables which were used to calibrate survey weights to NHIS population totals. These final calibrated weights were used to generate the estimates in the released dashboard. All estimates shown meet the NCHS Data Presentation Standards for Proportions.

Cases with missing data are excluded from the analysis, unless otherwise mentioned. Data would be considered missing for a variable if, for example, the respondent refused or didn't know how to respond, or if they skipped the question on the web. These are henceforth referred to as nonresponse. Overall, item nonresponse rates were low, averaging <2% per item in the combined file. Several of the sociodemographic characteristics used in the dashboard have very low or no missing values, as they were imputed when missing for weighting purposes. None of the variables related to measures in the RSS-7 dashboard had an item nonresponse higher than 5% in the combined dataset. Data users using variables on the combined file with higher item nonresponse are encouraged to consider the impact of nonresponse, if applicable to their analysis/research. Please see the Quality Profile (www.cdc.gov/nchs/data/rss/round7/rss7-quality-profile.pdf) for more information.

Data limitations

Although much faster than in-person surveys, online panel surveys face different threats to accuracy and usability. Online panel surveys often have lower response rates than large-scale national surveys and may underrepresent certain subpopulations. Panel survey nonresponse occurs at many stages, including panel recruitment, panel retention, and at the individual survey level. The RSS aims to compensate for nonresponse through calibration and weighting of RSS data to gold standard NCHS surveys. However, the effectiveness of these weighting adjustments for nonresponse may vary across survey estimates and will depend on the availability of appropriate gold standard survey data. The RSS also includes a benchmarking component which is used to provide context on the effectiveness of the weighting adjustments and quality of estimates generated from RSS. For an evaluation of the quality of RSS-7 data, including the calibration of weights and benchmark analysis, please see the Quality Profile (www.cdc.gov/nchs/data/rss/round7/rss7-quality-profile.pdf).

Another limitation of RSS is that some of the sociodemographic and geographic variables are drawn from panel profile variables, which are collected separately from RSS, and are collected at different times than the RSS health topic content and using different questions in each panel. Although they are updated regularly, it is not known whether any of these characteristics had changed between the last time the panel collected the information and the respondent completed the RSS-7 questionnaire.

The Rapid Surveys System is particularly well suited for time sensitive data needs, measuring public health attitudes, developmental work to improve concept measurement, and methodological studies, but is intended to complement and not replace the current household survey systems at NCHS, including the National Health Interview Survey.

Variance estimation and statistical reliability

All estimates shown meet the NCHS standards of reliability as specified in *National Center for Health Statistics Data Presentation Standards for Proportions* (2). Unreliable estimates are indicated with an asterisk (*) and are not shown. Reliable estimates with an unreliable complement are also not shown but are indicated with two asterisks (**). Complements are calculated as 100 minus the percentage. The standards are applied directly for percentages. Two-sided 95% confidence intervals are calculated using the Clopper-Pearson method adapted for complex surveys by Korn and Graubard (2). Standard errors used in this calculation were obtained using SUDAAN software, which takes into account the complex sampling design of RSS. The Taylor series linearization method was used for variance estimation.

Definitions of selected terms

Sociodemographic and geographic characteristics from panel profile data

The following sociodemographic and geographic characteristics used as covariates in these dashboards and tables were collected as part of the panel profile information (not RSS questionnaire) and harmonized between the two panels.

Age – Age is recorded in single years and grouped into categories for the dashboard.

Education – Categories of education are based on years of school completed or highest degree obtained. GED is General Educational Development high school equivalency diploma.

Household income as a percentage of the federal poverty level – Categories presented are Less than 100% FPL, 100% to less than 200% FPL, and 200% FPL and greater. FPL is federal poverty level.

Region – In the geographic classification of the U.S. population, states are grouped into four regions used by the U.S. Census Bureau:

> *Northeast*: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
> *Midwest*: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
> *South*: Alabama, Arkansas, Delaware, District of Columbia, Kentucky, Florida, Georgia, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
> *West*: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.
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> State of residence was also included in the RSS-7 questionnaire, and this information was used to create a region variable for the public-use data file (DEM_REGION). However, estimates included in this dashboard use region provided from the panel profile data (P_REGION). Estimates calculated using DEM_REGION may differ.

Sex – Respondents are classified as Male or Female.

Urbanicity – Based on the 2023 NCHS Urban-Rural Classification Scheme for Counties (3) which groups U.S. counties and county-equivalent entities into six categories: large central metropolitan, large fringe metropolitan, medium metropolitan, small metropolitan, micropolitan, and non-core. For the RSS dashboards, medium and small metropolitan are combined into a single group, and micropolitan and non-core are combined into a single group (nonmetropolitan).

Sociodemographic characteristics collected on the questionnaire

The following sociodemographic characteristics used as covariates in this dashboard were collected on the RSS-7 questionnaire.

Race and Hispanic origin – Per guidance from OMB (Federal Register : Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity), starting in RSS-5 and continued in subsequent rounds, race and Hispanic origin were collected using different questions than previous rounds. Two different categorizations of race and Hispanic origin are presented in the dashboard:

Race and Hispanic origin – Single race: American Indian or Alaska Native alone; Asian alone; Black or African American alone; Hispanic or Latino alone; Middle Eastern or North African alone; Native Hawaiian or Pacific Islander alone; White alone; Multiracial and/or Multiethnic.

Race and Hispanic origin – Multiple races: American Indian or Alaska Native alone or in combination; Asian alone or in combination; Black or African American alone or in combination; Hispanic or Latino alone or in combination; Middle Eastern or North African alone or in combination; Native Hawaiian or Pacific Islander alone or in combination; White alone or in combination.

Select outcomes collected on questionnaire

Estimates for most measures are generated from a single question on the questionnaire. For exact wording of questions, please see the questionnaire (www.cdc.gov/nchs/data/rss/round7/questionnaire.pdf). Below are additional details on some of the outcomes shown in the dashboard.

GLP-1 medications – Respondents were asked whether, in the past 12 months, they had taken an oral or injectable medication for diabetes or weight loss such as Ozempic, Rybelsus, Wegovy, Mounjaro, Zepbound, Saxenda, Victoza, Trulicity, Byetta, or Bydureon BCise. They were told that these are also called GLP-1 medications, and may contain semaglutide, tirzepatide, liraglutide, dulaglutide, or exenatide. Those who responded they had taken a GLP-1 medication in the last 12 months were asked whether they were currently taking this medication. Estimates for GLP-1 medication use in the past 12 months and current use are shown among all adults – those who reported not taking this medication in the past 12 months were also considered not to be currently taking them. Estimates for all other measures presented in the dashboard are shown among those who had taken a GLP-1 medication in the past 12 months.

Adults who had taken a GLP-1 medication in the past 12 months were asked about the source of this medication, and they may have selected more than one source.

Adults who had taken a GLP-1 medication in the past 12 months were asked if they had taken generic or compounded versions of this medication in the past 12 months. Respondents were told that compounded versions of this medication contain the same active ingredients as popular name-brand drugs, but are made by specialized pharmacies, are not FDA-approved, and are often used when a medication is in short supply. Respondents who selected that they did not know whether they took a

compounded version of their GLP-1 medication were included in the denominator for this measure.

Adults who had taken a GLP-1 medication in the past 12 months were asked whether their health insurance paid for none of the cost, part of the cost, or all of the cost of this medication. Estimates are shown for those whose insurance paid for part or all of the cost.

Adults who had taken a GLP-1 medication in the past 12 months were asked a series of questions about altering their doses (skipping doses, taking less than prescribed, delaying filling their prescription, or stopping taking this medication entirely) in the last 12 months. Adults who responded 'yes' to any of these four items were considered to have any alteration of their GLP-1 medication in the past 12 months, and those who had responded that they had not done all four of these items were considered to not have any alteration.

If a respondent had selected at least one of these four forms of alteration of their medication, they were asked follow-up questions about whether each form of medication alteration was due to cost or due to the medication being not available or out of stock at their pharmacy. Respondents could have selected one, both, or neither reasons. Any alteration due to cost includes respondents who, in the past 12 months, reported at least one of the four alterations (skipping doses, taking less medication, delaying filling their prescription, or stopping taking this medication entirely) due to cost. Any alteration because it was not available includes respondents who, in the past 12 months, reported at least one of the four alterations because it was not available or out of stock at their pharmacy.

Separate from the rest of the questions about alterations in GLP-1 medications, adults who had taken a GLP-1 medication in the last 12 months were asked if they had reduced or stopped taking this medication due to any side effects or symptoms. Examples of side effects or symptoms were provided, including low blood sugar, nausea, vomiting, diarrhea, abdominal pain, dehydration, or pancreatic, kidney and gallbladder issues.

Further information

Data users can obtain the latest information about RSS by periodically checking the website (https://www.cdc.gov/nchs/rapid-surveys/about/index.html). This website will

feature downloadable public-use data and documentation for RSS, as well as important information about any modifications or updates to the data or documentation.

References

1. National Center for Health Statistics. Rapid Surveys System (RSS): Round 7 survey description. 2026. Available from: www.cdc.gov/nchs/data/rss/round7/RSS7-SurveyDescription.pdf.
2. Parker JD, Talih M, Malec DJ, Beresovsky V, Carroll M, Gonzalez JF Jr, et al. National Center for Health Statistics data presentation standards for proportions. National Center for Health Statistics. Vital Health Stat 2(175). 2017.
3. National Center for Health Statistics. NCHS urban–rural classification scheme for counties. Available from: https://www.cdc.gov/nchs/data-analysis-tools/urban-rural.html

Suggested citation

Recommended citations for specific tables and charts are included in the notes at the end of each page. The citation for the Technical Notes is as follows, although it should also include the date accessed as it may be edited periodically when new changes are made.

Technical Notes. NCHS Rapid Surveys System. Round 7. February 2026. National Center for Health Statistics. Available from: https://wwwn.cdc.gov/NHISDataQueryTool/RSS7/RSS-7_technical_notes_v5.pdf