

RAPID RESPONSE DATA BRIEFING

NATIONAL HEALTH INTERVIEW SURVEY (NHIS) REDESIGN

SEPTEMBER 29, 2026



Speakers

Jennifer Madans: former Associate Director for Science, Acting Deputy Director, and Acting Director of the National Center for Health Statistics

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Christopher Marcum: Senior Advisor, Federal Data Policy, Federation of American Scientists; former White House OMB and OSTP

Melanie Klein: Senior Associate, Federal Data Policy, Federation of American Scientists (moderator)

What's in NHIS: Design and Mission

National Health Survey Act of 1956

- Established sustained collection and production of current health data through the NHIS, NHANES and National Health Care Surveys – along with the National Vital Statistics System
- All data collections are needed to monitor health

July 1, 1957 – NHIS launched

- In-person interviews, conducted by the U.S. Census Bureau
- In the field (almost) continuously since

Collect accurate, current statistical information on:

- Illness, disability, and healthcare services
- Social dimensions of morbidity – that is, the effect that morbidity has on the lives of people as opposed to objective health status

Considerations

- Avoid asking about things that respondents were poor reporters of – topics would be the focus of NHANES and NHCSs
- Focus on providing data on subgroups

What's in NHIS: Methods and Content

Changing data needs:

- Multiple redesigns – of methods and content – over time
- Attention given to cross walking across redesigns to allow for monitoring of trends

2019 design structure (one adult and one child per household):

- Annual core – Key measures, sociodemographic characteristics
- Rotating core – Expanded detail, varying periodicity
- Sponsored supplements – 1- or 2-year modules (5 min or less)
 - Sustaining, periodic and one-time sponsorship
- Emerging content – New topics of growing interest

2019 design content

- Demographics (person- and family-level characteristics)
- Chronic conditions
- Functioning and disability
- Health related behaviors
- Health care access and use, health insurance

2019-2027 NHIS Sample Adult Content Schedule

NATIONAL CENTER FOR HEALTH STATISTICS • NATIONAL HEALTH INTERVIEW SURVEY

SAMPLE ADULT QUESTIONNAIRE

Administered to one randomly selected adult in each household

	2019	2020	2021	2022	2023	2024	2025	2026	2027
ANNUAL CORE	Chronic Conditions: Hypertension, high cholesterol, cardiovascular conditions, asthma, cancer, diabetes, other chronic conditions, and height and weight Functioning and Disability: Vision, hearing, mobility, communication, cognition, self-care and upper-body limitations, anxiety, depression, and social functioning Health Insurance: Coverage status, sources of coverage, characteristics of coverage, continuity of coverage, and reasons for no health insurance Health Care Access and Use: Primary and urgent care, financial barriers to care, prescription medication, flu and pneumonia immunization, mental health care, and telehealth Health-related Behaviors: Cigarettes and e-cigarettes Demographics: Race and Hispanic origin, marital status, sexual orientation, veterans status, nativity, schooling, employment, family income, food-related program participation, and housing and telephone use								
ROTATING CORE	Service Utilization: Dental care, vision care, therapy (physical, speech, rehabilitative, occupational), and home health care		Allergies and Other Conditions	Service Utilization: Dental care, vision care, therapy (physical, speech, rehabilitative and occupational), and home health care		Allergies and Other Conditions	Service Utilization: Dental care, vision care, therapy (physical, speech, rehabilitative and occupational), and home health care		Allergies and Other Conditions
	Mental Health Assessment¹		Psychological Distress	Mental Health Assessment¹		Psychological Distress	Mental Health Assessment¹		Psychological Distress
	Industry and Occupation		Industry and Occupation		Industry and Occupation		Industry and Occupation		Industry and Occupation
	Injuries		Injuries		Injuries		Injuries		Injuries
	Chronic Pain: Severity and impact, and locations	Health-related Behaviors: Physical activity, walking, sleep, fatigue, smoking history and cessation, and alcohol use	Chronic Pain: Severity and impact, and locations	Health-related Behaviors: Physical activity, walking, sleep, fatigue, smoking history and cessation, and alcohol use	Chronic Pain: Severity and impact, and locations	Health-related Behaviors: Physical activity, walking, sleep, fatigue, smoking history and cessation, and alcohol use	Chronic Pain: Severity and impact, and locations	Health-related Behaviors: Physical activity, walking, sleep, fatigue, smoking history and cessation, and alcohol use	Chronic Pain: Severity and impact, and locations
	Preventive Services: Screening tests and aspirin use	Preventive Services: Screening tests and aspirin use	Preventive Services: Screening tests and aspirin use	Preventive Services: Screening tests and aspirin use	Preventive Services: Screening tests and aspirin use	Preventive Services: Screening tests and aspirin use	Preventive Services: Screening tests and aspirin use	Preventive Services: Screening tests and aspirin use	Preventive Services: Screening tests and aspirin use
SPONSORED CONTENT	Sustaining sponsors* add content every year. Annual sponsored content includes cancer control and prevention (NCI and NCCDPHP), immunizations (NCIRD), noncigarette tobacco product use (FDA), disorders of sensory systems and communication (NIDCD), and insulin use (NIDDK and NCCDPHP). Other sponsors* add content for selected years. Sponsorships include expanded content on arthritis in 2019 and 2023 (NCCDPHP and NIAMS) and 2025 (NIAMS), asthma in 2020 (NCEH, NIOSH, and NHLBI), diabetes in 2019–2026 (NCCDPHP), insulin affordability in 2021 (NCCDPHP and NIDDK), prescription opioid use and pain management in 2020 and 2023 (NCIPC), age of onset of disability in 2020–2026 (ACL), chronic fatigue syndrome in 2021–2024, 2026 (NCEZD), epilepsy in 2021–2023, 2025 (NCCDPHP), Crohn's disease and ulcerative colitis in 2023–2024 (NCCDPHP), psoriasis in 2023–2024 (NCCDPHP), Long COVID in 2023–2025 (NCEZD and NCIRD), occupational health in 2021 and 2023 (NIOSH), life satisfaction in 2021–2026 (NCCDPHP and NIH-ODP), complementary and integrative health in 2022 (NCCIH), vision in 2023 (NEI), concussions in 2023–2025 (NCIPC), food security in 2019–2024 (USDA), social support and loneliness in 2024–2026 (NCCDPHP), social connectivity and isolation in 2025–2026 (NCCDPHP), caregiving in 2025 (NCCDPHP), Attention Deficit/Hyperactivity Disorder in 2025–2026 (NCBDOD), injectable diabetes medication (other than insulin) in 2025–2026 (NCCDPHP), menopausal health in 2025 (NIH/ORWH), whole person health in 2025–2026 (NCCIH), and social functioning in 2026 (ACL).								
EMERGING TOPICS	New topics of growing interest may be added by the National Center for Health Statistics, generally for 1–2 years. Emerging topics include prescription opioid use and pain management in 2019, COVID-related content in 2020 (July)–2022, healthcare access barriers in 2022, transportation barriers in 2022–2024, brief mental health assessments in 2023, everyday discrimination and heightened vigilance in 2023, difficulty paying housing related bills in 2023–2024, language spoken at home in 2024–2026, injectable diabetes medication (other than insulin) in 2024, and parenting social support in 2025–2026. Questions on civic engagement, volunteer activities, and health information technology use have been included since July 2022 partly to support weighting and calibration for the NCHS Rapid Surveys System.								

*As of April 2023, sponsors include the **Centers for Disease Control and Prevention** (National Center for Birth Defects and Development Disabilities (NICDD), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), National Center for Environmental Health (NCEH), National Center for Immunization and Respiratory Diseases (NCIRD), National Center for Injury Prevention and Control (NCIPC), and National Institute for Occupational Safety and Health (NIOSH)), the **National Institutes of Health** (National Center for Complementary and Integrative Health (NCCIH), National Cancer Institute (NCI), National Eye Institute (NEI), National Heart, Lung, and Blood Institute (NHLBI), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute of Mental Health (NIMH), National Institute of Neurological Disorders and Stroke (NINDS), National Institute of Nursing Research (NNR), National Institute of Public Health and Safety (NIHPS), National Institute of Standards and Technology (NIST),

*As of April 2026, sponsors include the **Centers for Disease Control and Prevention** (National Center for Birth Defects and Development Disabilities [NBK000000], National Center for Chronic Disease Prevention and Health Promotion [NCCDPHP], National Center for Emerging and Zoonotic Infectious Diseases [NCEZD], National Center for Environmental Health [NCEH], National Center for Immunization and Respiratory Diseases [NCIRD], National Center for Injury Prevention and Control [NCIPC], and National Institute for Occupational Safety and Health [NIOSH]), the **National Institutes of Health** (National Center for Complementary and Integrative Health [NCCIH], National Cancer Institute [NCI], National Eye Institute [NEI], National Heart, Lung, and Blood Institute [NHLBI], National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS], National Institute on Diabetes and Other Communication Disorders [NIDCD], National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK], Office of Disease Prevention [ODP], and Office of Research on Women's Health [ORWH]), the **Administration for Community Living** (ACL), the **Food and Drug Administration** (FDA), and the **United States Department of Agriculture** (USDA).

¹Questions come from the Patient Health Questionnaire and the Generalized Anxiety Disorder scale.



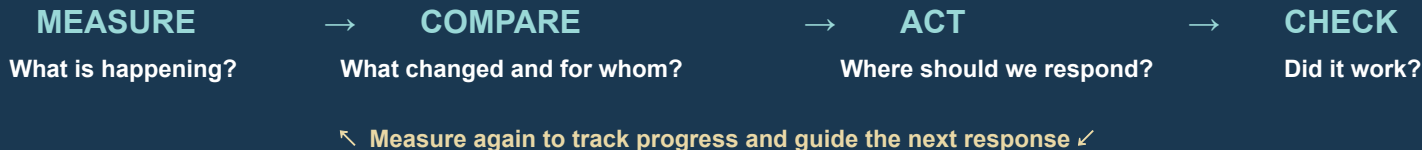
U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

To view full-length questionnaires, visit www.cdc.gov/nchs/nhis/documentation/.
For more information on the National Health Interview Survey, visit www.cdc.gov/nchs/nhis/.



Why NHIS is Important

NHIS Turns Measurement Into Public Action



Since 1957
Annual national evidence

54 national objectives
Healthy People 2030 uses NHIS

Federal decisions
Policy, budget, and evaluation

Sample experience becomes evidence for decisions and accountability.

Why NHIS is Important

For Equity, the Average Is Only the First Question

“Health improved.”

FOR WHOM?

WHO WAS LEFT BEHIND?

DID THE GAP CLOSE?

Adults under 65 with asthma

9.4% → 9.6%

Uninsured, 1997–2018

Yet cost barriers and racial/ethnic
and economic disparities persisted.

REVEAL

Differences hidden by
averages

UNDERSTAND

Barriers and conditions
associated with disparities

TEST

Whether policies improve
outcomes and narrow gaps

We cannot eliminate an inequity we cannot see. And we cannot know it is gone without measuring again.

Federal Register Notice: Proposed 2028 NHIS Redesign

How data are collected

- Sequential mixed mode: web and paper questionnaires first
- Census field staff follow up in person with some nonrespondents
- Timed to Census's new DICE platform and the Healthy People 2030 data cycle

What is asked

- Shorter and simpler; many detailed annual questions dropped
- **Kept:** chronic conditions, disability (Washington Group), insurance
- **New:** insurance adequacy, primary care,
- No fixed rotation schedule

What is not final

- Design "will be refined" through cognitive, usability, and field tests
- 2028 details "not yet finalized"; revised package to OMB in 2027
- Questionnaires expected to change after comment
- No bridge study or crosswalk described

NHIS Data Checkup

Data Checkup

Historical Data Availability

No Known Issue

Future Data Availability

No Known Issue

Data Quality

High Risk

Questions on [food security](#) and [immunization](#) have been removed from the survey, and additional changes are [being proposed](#) starting in 2027.

Statutory Context

High Risk

Statutory authorization is vague.

Staffing and Funding

Moderate Risk

From FY2024 to FY2026, CDC [lost approximately 30% of its workforce](#). Although CDC's National Center for Health Statistics (NCHS) was affected by Reduction in Force activities in 2025, [all impacted staff were subsequently reinstated](#). However, NCHS has experienced about [20% attrition](#) since early 2025.

Policy

High Risk

An [Information Collection Request submitted on 5/28/2025](#) removed two questions on gender identity due to Executive Order 14168 Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government. In addition, questions on [food security](#) and [immunization](#) were removed from the survey in 2025.

Take Action

Federal Register Notice: tinyurl.com/NHIS-redesign-FRN

NHIS Redesign Website: tinyurl.com/NHIS-2028-Website

Where to submit comments: tinyurl.com/NHIS-Comment

SUMMARY:

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the National Health Interview Survey (NHIS). This Extension is designed to include the continuation of current questionnaire content and data collection operations in 2027, as well as a systemic redesign of the NHIS to be implemented in 2028.

DATES:

Written comments must be received on or before October 19, 2026.

Take Action

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NHIS Redesign Website: tinyurl.com/NHIS-2028-Website

Where to submit comments: tinyurl.com/NHIS-Comment

NCHS is specifically looking for comments that provide feedback on:

- structure, length, and clarity of the revised questionnaire
- shift to a sequential mixed mode design
- proposed addition or removal of content
- how these changes may affect data quality, usability, and trends over time
- the minimum question sets to meet identified data needs
- practical utility of child-level data collection

Take Action

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comments focus on disability,
functioning, or caregiving



Disability, functioning, caregiving

Other topics

Keep items that identify adults with intellectual and developmental disabilities



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Concerns about switching to online and paper self-response



6

Questions about how the redesign was developed and who was consulted



6

Resources

Submit comments by Monday, October 19 at tinyurl.com/NHIS-Comment

Check out dataindex.us

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Check out federaldataforum.prb.org