

Nonsubstantive Change Request

**NATIONAL HEALTH INTERVIEW SURVEY**

OMB No. 0920-0214, Expiration Date 12/31/2026

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### List of Attachments

Att 1a	2025 NHIS PAPI Nonresponse Follow-Up Letter (Version 1)
Att 1b	2025 NHIS PAPI Nonresponse Follow-Up Letter (Version 2)
Att 2a	2025 NHIS PAPI Nonresponse Follow-Up Questionnaire (Version 1)
Att 2b	2025 NHIS PAPI Nonresponse Follow-Up Questionnaire (Version 2)
Att 3a	2025 NHIS PAPI Reminder Letter (Version 1)
Att 3b	2025 NHIS PAPI Reminder Letter (Version 2)
Att 4	2025 NHIS Q4 CAPI Instrument Specifications – Sample Adult
Att 5	2025 NHIS PAPI Item Detail

## NCHS National Health Interview Survey

This is a request for approval of a nonsubstantive change to the National Health Interview Survey (NHIS) (OMB No. 0920-0214, Expiration Date 12/31/2026), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). This nonsubstantive change request covers the addition of a paper questionnaire as a nonresponse follow-up effort to accommodate changing field conditions and declining response rates.

A paper nonresponse follow-up questionnaire is being developed to investigate the effectiveness of mailed questionnaires as part of modified nonresponse follow-up protocols to adjust to changes in field conditions. The paper questionnaire will begin fielding in Quarter 4 of 2025.

The paper questionnaire will be sent to any nonresponding household starting from the April 2025 NHIS sample. The follow-up mailing will consist of one of two paper questionnaires, depending on whether household members were already rostered by a field representative. Households that have not yet been rostered will receive a letter requesting their participation (Attachment 1a) and a questionnaire consisting of a simplified roster, instructions for selecting a sample adult, and a reduced set of sample adult questions from the NHIS instrument (Attachment 2a). Households that were rostered using standard protocols will receive a letter addressed to the sampled adult requesting their participation (Attachment 1b) and a questionnaire containing only the sample adult questions (Attachment 2b). Households may also receive one of two reminder letters (Attachments 3a and 3b) depending on whether the roster was previously completed.

The reduced sample adult questionnaire will include NHIS questions on chronic conditions, whole person health, mental health, disability, chronic pain, health insurance coverage, health care access and utilization including preventative care and screenings, cost barriers, prescription medication use, physical activity, nicotine and alcohol use, and personal and household demographics. The total number of questions in the Sample Adult questionnaire for the mail nonresponse follow-up questionnaire has been reduced from 482 to 150 questions.<sup>1</sup> Not all questions on the questionnaires are answered by respondents due to skip patterns and targeted universes. To facilitate comparisons between the paper-and-pencil interview (PAPI) instrument and the computer-assisted personal interview (CAPI) instrument, minor additions were also made to the sample adult health insurance (INS) section of the Q4 CAPI instrument (Attachment 4). Such additions will compensate for reductions

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<sup>1</sup> The reduced sample adult questionnaire will yield sufficient information to meet many of the survey's objectives. Data will be collected for nearly all of the key outcomes from the NHIS Early Release Program, 29 other key outcomes reported in the NHIS Interactive Data Query Tool, all 10 conditions needed to maintain historical trends on the proportion of adults with multiple chronic conditions, all six Healthy People 2030 Leading Health Indicators based on NHIS data, and 16 other HP2030 measures. However, it does not provide the desired depth of information on specific topics (e.g., health insurance, functioning and disability, chronic conditions, injury) that are specifically named in our authorizing legislation (42 USC § 242k(h)(2)) and that has been a feature of the questionnaire since 2019.

The 2019 questionnaire redesign represented a reduction of historical NHIS content by 34%. NCHS continues to explore ways to reduce burden and increase cost efficiency. This reduced sample adult questionnaire will serve as the foundation for a formal redesign of the NHIS that will streamline core content and incorporate lower-cost data collection modes. Over the past year, NCHS has launched initial planning for this redesign, identified key goals, leveraged lessons learned from other surveys' conversions to sequential mixed-mode data collection, and repurposed available funds toward development activities. NCHS anticipates a successful transition to mixed-mode data collection and new operating platforms in 2028.

in more detailed question about previous insurance coverage currently included on the CAPI that are not feasible for the PAPI. All changes are reflected in Attachment 5.

It is expected that roughly 25,000 households will receive a mailed questionnaire. Given the reduction in the total number of questions, the self-administered mail questionnaire is expected to take 30 minutes on average to complete (compared to approximately 45 minutes for the full interviewer-administered Sample Adult questionnaire).

## **A. Justification**

### **1. Circumstance Making the Collection of Information Necessary**

The NHIS is conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) to collect, on an annual basis, statistically valid data on the amount, distribution, and effects of illness and disability in the population and on the utilization of health care services for such conditions.

#### Modifying nonresponse follow-up protocols to adjust to changes in field conditions

The NHIS, like most surveys, has witnessed steadily declining response rates. Reasons for declining response rates include growing time constraints and decreased interest in and sense of civic duty to complete surveys, particularly as surveys proliferate across sectors. In 2022, NHIS field representatives (FRs) also reported (via a survey, conference activities, and focus groups) increased mistrust of and hostility toward the government and CDC, and an acceleration in the proliferation of access barriers including gated communities, locked buildings without door attendants, and video front door screening devices such as Ring doorbells. The availability of field staff and other resources to address these challenges were limited earlier this year by the federal civilian employee hiring freeze (which has since been temporarily waived for FRs). Overall response rates in 2025 are 4 to 10 percentage points lower than 2024, depending on region.

In response to rising nonresponse and increased data collection costs, NHIS staff are engaged in long-term planning to shift to a mixed-mode data collection approach, including developing self-administered questionnaires to supplement in-person interviews. As one part of these efforts, a paper nonresponse follow-up questionnaire is being developed as a pilot to investigate the effectiveness of mailed questionnaires to reduce nonresponse bias and improve the representativeness of key national health statistics.

### **2. Purpose and Use of Information Collection**

#### Using paper questionnaire to improve nonresponse follow-up efforts in 2025

The purpose of this nonsubstantive methodological change is to counter some of the consequences of declining responses rates, using methods that do not rely on additional effort by a field interview workforce. A paper questionnaire is being added in quarter 4 of 2025 to enhance NHIS nonresponse follow-up procedures. The resulting data will be examined to identify the impact of adding a mail nonresponse follow-up questionnaire to the NHIS. These analyses will help determine the impact of

mail-based nonresponse follow-up efforts on responding populations, nonresponse bias, and the resulting estimates.

## 12. Estimates of Annualized Burden Hours and Costs

### A. Time Estimates

This change will have a negligible impact on the burden hours presented in the latest OMB package (OMB No. 0920-0214, Expiration Date 12/31/2026). The reasons are twofold: a) with decreasing response rates the total completes are not expected to exceed the total completes previously estimated, and b) because the paper questionnaire uses streamlined versions of both the roster and the sample adult interview with fewer questions, the average burden per response is also not expected to exceed what was previously estimated. Therefore, we have not made any changes to the burden table last submitted in previous nonsubstantive OMB change requests.

Below we have included the original table. Lines 1-3 of the original burden table represent the different sections of the NHIS questionnaire. Line 4 covers the methodological projects such as web and/or mail-based methodological, cognitive testing activities, and pilot studies. Line 5 covers the NHIS-Teen survey. Small quality control resurveys of participating households are represented on line 7. The nonresponse follow-up hours are included in Line 2.

#### Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per respondent	Average Burden per Response (in hours)	Total Burden Hours
Adult Household Member	Household Roster	36,000	1	4/60	2,400
Sample Adult	Adult Questionnaire	33,000	1	49/60	26,950
Adult Family Member	Child Questionnaire	10,000	1	18/60	3,000
Adult Family Member	Methodological Projects	15,000	1	20/60	5,000
Sample Child	NHIS-Teen Survey	333	1	15/60	83
Adult Family Member	Reinterview Survey	5,500	1	5/60	458

Total		37,891
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## B. Cost to Respondents

At an average wage rate of \$35.21 per hour, the estimated annualized cost for the 37,892 burden hours is \$1,334,165. Since there is no change in the burden hours, there are no corresponding changes to the cost tables. The nonresponse follow-up burden costs are included in Line 2.

### Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Adult Household Member	Household Roster	2,400	\$35.21	\$84,504
Sample Adult	Adult Questionnaire	26,950	\$35.21	\$948,910
Adult Family Member	Child Questionnaire	3,000	\$35.21	\$105,630
Adult Family Member	Methodological Projects	5,000	\$35.21	\$176,050
Sample Child	NHIS-Teen Survey	83	\$35.21	\$2,934
Adult Family Member	Reinterview Survey	458	\$35.21	16,138
Total				\$1,334,165

## 15. Explanation for Program Changes or Adjustments

There are no programmatic changes being introduced to the NHIS. This nonsubstantive change only includes methodological changes that are intended to account for decreasing response rates and changes in field conditions. There is no new questionnaire content or increase in burden hours.