

Nonsubstantive Change Request

NATIONAL HEALTH INTERVIEW SURVEY

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

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NCHS National Health Interview Survey

A. INTRODUCTION

This is a request for approval of a nonsubstantive change to the National Health Interview Survey (NHIS) (OMB No. 0920-0214, Exp. Date 12/31/2026), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). This nonsubstantive change requests changes in content for the 2026 NHIS.

Summary of 2025 NHIS Content Changes

The NHIS has been conducted every year since 1957. The current design of the NHIS questionnaire, implemented in 2019, features a rotational schedule consisting of annual core, rotating core, emerging content, and sponsored content modules. Summarized here are the proposed nonsubstantive changes from the 2025 NHIS to the 2026 NHIS.

The NHIS rotates core content onto the survey on a periodic basis such that all content will appear at least once in a three-year cycle begun in 2019. As of the end of 2024, all NHIS rotating core content has been fielded at least twice.

Removed Content

Rotating sample adult core content that was on the NHIS in 2025 and will rotate off the 2026 NHIS includes aspirin use, depression and anxiety, preventive services, and chronic pain. Sponsored content that will be removed includes content on Long COVID, pain management, epilepsy, preventive screening, menopause, concussions, caregiving, voice, swallowing, speech, and language difficulty, and tetanus vaccination.

Items on mental health and stressful life events will rotate off the sample child core. Sponsored content on Long COVID, voice, swallowing, speech, and language difficulty, and concussions will also be removed.

Added Content

Relative to 2025, the 2026 annual core content will include minor changes to the health insurance section in both the sample adult and sample child questionnaires. Five existing questions on reasons for lacking health coverage will be asked of additional respondents. In 2025, these questions were asked only of respondents who did not have insurance coverage at the time of interviewing; in 2026, these items will also be administered to any respondents who had a gap in coverage during the past year. There will also be two new questions within this section to allow for the collection of verbatim responses describing reasons for lacking health coverage.

The 2026 rotating sample adult content will include questions that were last fielded in the 2024 NHIS including fatigue, alcohol and cigarette use, physical activity, sleep, employment, and content of care (advised to increase physical activity). Rotating core content on dental and therapeutic care will continue from 2025.

Sample adult sponsored content for 2026 includes items on life satisfaction, whole person health, use of insulin and injectable GLP-1 medications, ADD and ADHD, social functioning, age of disability onset, pregnancy resulting in live birth, COVID-19 and other vaccinations, tobacco product use, social support and loneliness, social connectedness and isolation, chronic fatigue, immunosuppression, arthritis, content of care (advised to participate in a weight-loss program), diet and nutrition, hearing, and smoking cessation methods. Sponsored content on social functioning will be fielded for the first time in 2026. Sponsored content sections on smoking cessation methods and use of other tobacco products have been fielded previously; in 2026, this section will include additional items on smoking cessation and use of nicotine pouches. The remainder of the 2026 sponsored content is returning after being fielded in recent years.

Emerging content on internet access and health information technology, language spoken at home, volunteer activities, civic engagement, and social supports for parents will be retained from the 2025 questionnaire. Additionally, four items from the 2025 rotating core content on depression and anxiety will be retained in 2026 as emerging content, as was done in 2023. This will ensure continued measurement of mental health symptoms across cycles.

The 2026 rotating sample child core will include items on service utilization (dental care, physical and other therapeutic care), BMI (height and weight), injury, physical activity, neighborhood characteristics, sleep, and screen time. All this rotating content has been fielded on the NHIS since the 2019 NHIS redesign. Sponsored content on COVID-19 vaccination will be retained from the 2025 sample child questionnaire, and sponsored content on chronic fatigue and hearing will be added for 2026.

Reinterview Questionnaire Changes

Finally, some questions on the reinterview questionnaire will be replaced to reflect new content changes within the 2026 NHIS. Two questions asking about whether the sampled adult remembered being asked about problems or difficulty with their voice or trouble speaking in the past 12 months and if they had pain in the past 3 months will be replaced by two questions asking whether the sampled adult remembered being asked about how often they ate fresh, frozen, or canned fruit and how many hours of sleep they had in a 24-hour period. Two questions asking whether the sample child respondent remembered being asked about if their child had ever been separated from a parent or guardian because the parent or guardian went to jail and whether their child lost consciousness or had been dazed due to a blow or jolt to the head in the past 12 months will be replaced with two questions asking whether they remember being asked if their child spent time most weekdays in front of a TV, computer, cellphone, or other electronic device and if their child had any accident where any part of his/her body was hurt in the past 3 months.

Detailed List of 2026 NHIS Content Changes

Annual Core Content

The NHIS includes a core set of annual content areas that are fielded each year. The following minor additions were made to the NHIS annual core to facilitate the collection of verbatim responses on reasons for lacking health coverage in past year.

Adults

1. Add 2 questions to facilitate collection of verbatim responses

Children

1. Add 2 questions to facilitate collection of verbatim responses

Rotating Content

The NHIS annually rotates content in and out of the questionnaire on a fixed schedule (see Attachment 3b).

Below is a list of rotating questions that will continue from 2025 to the 2026 NHIS.

Adults

1. Continue 3 questions on dental care
2. Continue 3 questions on physical or other therapeutic care

Children

1. Continue 3 questions on dental care
2. Continue 3 questions on physical and other therapeutic care

Below is a list of questions scheduled to be rotated in for the 2026 NHIS.

Adults

1. Rotate in 8 questions on repetitive strain injury
2. Rotate in 21 questions on injury
3. Rotate in 3 questions on fatigue
4. Rotate in 8 questions on alcohol use
5. Rotate in 5 questions on physical activities
6. Rotate in 8 questions on walking
7. Rotate in 7 questions on sleep
8. Rotate in 6 questions on detailed employment
9. Rotate in 1 question on content of care (advised to increase physical activity)
10. Rotate in 4 questions on cigarettes and e-cigarettes

Children

1. Rotate in 2 questions on BMI (height and weight)
2. Rotate in 18 questions on injury

3. Rotate in 6 questions on physical activity
4. Rotate in 4 questions on neighborhood characteristics
5. Rotate in 6 questions on sleep
6. Rotate in 1 question on screen time

Below is a list of questions scheduled to be rotated out for the 2026 NHIS. In accordance with the fixed schedule, questions on preventive services and chronic pain will return in 2027.

Adults

1. Rotate out 2 questions on aspirin use
2. Rotate out 6 questions on depression
3. Rotate out 5 questions on anxiety
4. Rotate out 17 questions on preventive services
5. Rotate out 10 questions on chronic pain

Children

1. Rotate out 33 questions on mental health (SDQ Questionnaire)
2. Rotate out 4 questions on stressful life events

Sponsored Content

The NHIS also works with sponsors from other CDC centers, NIH, and other government agencies to field content relevant to their missions.

Below is a list of sponsored questions that will continue from 2025 to the 2026 NHIS.

Adults

1. Continue 1 question on life satisfaction
2. Continue 3 questions on insulin use
3. Continue 1 question on injectable medications (GLP-1)
4. Continue 3 questions on blood sugar and A1C testing
5. Continue 5 questions on ADD and ADHD
6. Continue 8 questions on whole person health
7. Continue 1 question on age of disability onset
8. Continue 1 question on pregnancy resulting in live birth
9. Continue 1 question on Tdap vaccination
10. Continue 2 questions on COVID-19 vaccination
11. Continue 1 question on shingles vaccination
12. Continue 1 question on RSV vaccination
13. Continue 5 questions on other tobacco products
14. Continue 2 questions on social support and loneliness
15. Continue 4 questions on social connectedness and isolation

Children

1. Continue 2 questions on COVID-19 vaccination

Below is a list of sponsored questions to be added in the 2026 NHIS.

Adults

1. Add 2 questions on social functioning
2. Add 2 questions on chronic fatigue
3. Add 2 questions on immunosuppression
4. Add 5 questions on arthritis
5. Add 2 questions on content of care (advised to participate in a weight-loss program)
6. Add 14 items on diet and nutrition
7. Add 25 questions on hearing
8. Add 9 items on smoking cessation methods
9. Add 2 questions on other tobacco products (nicotine pouches)

Children

1. Add 2 questions on chronic fatigue
2. Add 25 items on hearing

Below is a list of sponsored questions to be removed from the 2026 NHIS.

Adults

1. Remove 4 questions on Long COVID
2. Remove 1 question on stress from living with diabetes
3. Remove 11 questions on pain management
4. Remove 4 questions on epilepsy
5. Remove 22 questions on preventive screening
6. Remove 5 questions on menopause
7. Remove 5 questions on concussions
8. Remove 1 question on caregiving
9. Remove 17 questions on voice, swallowing, speech, and language difficulty
10. Remove 1 question on tetanus vaccination

Children

1. Remove 4 questions on Long COVID
2. Remove 17 questions on voice, swallowing, speech, and language difficulty
3. Remove 5 questions on concussions

Emerging Content

Finally, as part of the redesigned NHIS some survey time is allotted to capture emerging public health issues or to support weighting and calibration for the NCHS Rapid Surveys System (OMB# 0920-1408, expires 6/30/2026).

Below is a list of emerging content questions that will continue from 2025 to the 2026 NHIS.

Adults

1. Continue 5 questions on Internet access and health information technology

2. Continue 6 questions on language spoken at home
3. Continue 2 questions on volunteer activities
4. Continue 2 questions on civic engagement
5. Continue 3 questions on social supports for parents
6. Continue 4 questions on depression and anxiety

B. JUSTIFICATION

1. Circumstance Making the Collection of Information Necessary

Background

The NHIS is conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), to comply with the NCHS mandate under 42 USC 242k 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. NHIS data are used widely throughout the Department of Health and Human Services (DHHS) to monitor trends in illness and disability and to track progress toward achieving many of the health objectives for the nation. The data are also used by the public health research community for epidemiologic and policy analysis of such issues as characterizing those with various health problems, measuring levels of health insurance coverage, determining barriers to accessing and using health care, and evaluating the impact of changes in federal health programs.

In accordance with the 1995 initiative to increase the integration of surveys within DHHS, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey (MEPS; OMB# 0935-0118, expires 3/31/2027). MEPS uses completed interviews from the NHIS to identify and select the desired sample, contact that sample to collect additional data, and combine their survey data with the original NHIS data. These procedures reduce survey costs, reduce overall burden on the public, and increase the amount of data available for critical health-related analysis.

The NHIS has been conducted every year since 1957. The current design of the NHIS questionnaire implemented in 2019 features a rotational schedule consisting of annual core, rotating core and sponsored content modules. Attachment 3b provides a visual depiction of the content and module structure. The NHIS sample adult and sample child questionnaires include annual core content that is scheduled to be fielded every year, rotating content that is fielded periodically, emerging content to address new topics of growing interest to NCHS, CDC, and DHHS, and sponsored content that is fielded when external funding is available.

2. Purpose and Use of Information Collection

The purposes of the NHIS are (1) to provide national data on an annual basis on the prevalence of chronic conditions and impairments, the extent of disability, the utilization of health care services, and other health-related topics; (2) to provide more detailed information on selected topics periodically

and on a one time basis; and (3) to provide a sampling frame for the Medical Expenditure Panel Survey and other follow-back surveys. It is also a main provider of data for the Congressionally mandated *Health, United States* report and provides data for many indicators used in monitoring progress toward current Healthy People goals and for detailing health disparities; and (4) provide a gold standard to benchmark and calibrate estimates from the NCHS Rapid Surveys System (OMB# 0920-1408, expires 6/30/2026).

A major strength of the NHIS is its ability to display health characteristics by selected demographic and socio-economic characteristics of the U.S. civilian, noninstitutionalized population. NHIS data are typically used for program planning and evaluation, public health education and health promotion and epidemiological research. Input to the design of questions is solicited from experts in a variety of organizations within the federal government, and from outside researchers and public health professionals.

In addition to the principal questionnaires, like in past years, a small subsample (<5%) of respondents will be reinterviewed as a quality control measure; the reinterview questionnaire is provided in Attachment 9d.

12. Estimates of Annualized Burden Hours and Costs

A. Time Estimates

The average burden for each survey component for one complete one-year survey cycle is shown in the table below.

The estimated overall average annual burden for 2026, including the roster, adult questionnaire, child questionnaire, methodological projects, and the reinterview component is 37,507 hours.

Lines 1-3 of the burden table represent the different sections of the NHIS questionnaire. Line 4 covers any methodological projects such as web and/or mail-based methodological projects, cognitive testing, and mixed-mode NHIS activities. Small quality control reinterview surveys of participating households are represented on line 6.

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	48/60	26,400

Adult Family Member	Child Questionnaire	10,000	1	20/60	3,333
Adult Family Member	Methodological Projects	15,000	1	20/60	5,000
Adult Family Member	Reinterview Survey	5,500	1	5/60	458
Total					37,591

Not all questions apply to each person, and the questionnaire instrument automatically skips over questions that do not apply, based on earlier information given by the respondent. Thus, no respondent is ever asked all of the questions in the questionnaire.

The estimate of response burden above is based on an average length of interview per household. Variations occur in individual household interview times primarily because of differing numbers of persons in the household and variations in the number of health conditions reported in the household.

The burden on any single member of a sample family also varies according to who is the designated respondent for each component. In some families the same adult could be the respondent for all of the major components: roster, adult, and child. In other families there could be a different respondent for each component. In the first case, the total average burden on the single respondent would be about one hour; in all other cases the burden on a single respondent would be less.

The NHIS-Teen will not be conducted in 2026, was removed from the table above.

B. Cost to Respondents

At an average wage rate of \$36.43 per hour, the estimated annualized cost for the 37,591 burden hours is \$1,366,380. (Wage information is from the Bureau of Labor Statistics: <http://www.bls.gov/news.release/empst.t19.htm>.) This estimated cost does not represent an out-of-pocket expense but represents a monetary value attributed to the time spent doing the interview.

Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent
Adult Household	Household Roster	2,400	\$36.43	\$87,432
Sample Adult	Adult Questionnaire	26,400	\$36.43	\$961,752
Adult Family Member	Child Questionnaire	3,300	\$36.43	\$120,219
Adult Family Member	Methodological Projects	4,950	\$36.43	\$180,329

Adult Family Member	Reinterview Survey	457	\$36.43	\$16,649
Total	\$1,366,380			

15. Explanation for Program Changes or Adjustments

There is a slight decrease in average annualized burden for the 2026 NHIS compared to the 2025 NHIS. This decrease in burden is due to observed timings (actual average burden per response) for the 2025 NHIS, which were shorter than originally estimated. Additionally, the NHIS-Teen will not be conducted in 2026, so it was removed from the burden estimates.