DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0214; Docket No. CDC–2026–1387]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

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.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1387 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all public comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submissions of responses; and
5. Assess information collection costs.

Proposed Project

National Health Interview Survey (NHIS) (OMB Control No. 0920–0214, Exp. 12/31/2026)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

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, shall collect statistics on the extent and nature of illness and disability of the population of the United States. The annual National Health Interview Survey (NHIS) is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. This voluntary and confidential household-based survey collects demographic and health-related information from a nationally representative sample of households and noninstitutionalized, civilian persons throughout the country. NHIS data have long been used by government, academic, and private researchers to evaluate both general health and specific issues, such as smoking, diabetes, health care coverage, and access to health care. The survey is also a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward HHS health objectives.

The current NHIS Sample Adult and Sample Child Questionnaires include annual core content that is scheduled to be fielded in the survey every year, rotating content that is fielded periodically, emerging content to address new topics of growing interest, and sponsored content that is fielded when external funding is available. Rotating Sample Adult and Sample Child core content on service utilization, physical activity (including walking for adults), and sleep that was on the NHIS in 2026 will rotate off in 2027. Content on alcohol use, fatigue, and smoking history and cessation will also rotate off the sample Adult Core, and content on height and weight, neighborhood characteristics, and screen time will rotate off the Sample Child core. The 2027 Sample Adult rotating core will include items on chronic conditions, allergies, and hearing and communication—content previously fielded on the 2024 NHIS. It will also include content on preventative screening and aspirin use, and chronic pain, content that was previously fielded in 2025. Content on injuries and detailed employment information that was fielded on the 2026 Sample Adult survey will continue in 2027. The 2027 Sample Child content will include questions on injuries (continuing from 2026), allergies (previously fielded in 2024) and stressful life events (previously fielded in 2025).

Sponsored content on complementary and integrative health, using questions similar to those previously fielded in 2022, will be included on both the 2027 Sample Adult and Sample Child Questionnaires. Sample Adult and Child Questionnaires for 2027 will also include vision and other difficulties with taste, smell, hearing and communication using similar questions to those fielded in 2023.

Sponsored content from the 2026 Adult and Child Questionnaires on

chronic fatigue will remain in 2027. Sponsored content from the 2026 Adult Questionnaire on life satisfaction, diabetes, social support, loneliness, and isolation, tobacco product use, chronic fatigue, immunizations, whole person health, and social functioning and age of disability onset will also remain. Sponsored content on the 2027 Adult Questionnaire will also include questions on cancer screening, caregiving, epilepsy, and psoriasis, similar to questions previously fielded in 2025, and questions on occupational health, psoriasis and Crohn's/ulcerative colitis, similar to questions fielded in 2023 and 2024.

Like in past years, and in accordance with the 1995 initiative to increase the integration of surveys within the HHS, respondents to the 2027 NHIS will serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality (AHRQ). A subsample of NHIS respondents and/or members of commercial survey panels may be identified to participate in short methodological and cognitive testing activities to evaluate the questionnaire and/or inform work to redesign the data collection methods and questionnaires for 2028. In addition, subsamples of NHIS respondents may be recontacted by web, phone, or mail to ask follow-up questions on topics that are already included in the NHIS. The NHIS also includes content that is used to benchmark estimates and calibrate survey weights from probability-based online commercial survey panels as part of the NCHS Rapid Surveys System.

To maintain data quality and contain operational costs, a redesign of the NHIS is being planned for implementation in 2028. The redesigned NHIS will expand upon the strengths of the current in-person data collection methodology by incorporating lower-cost, self-administered data collection modes to account for respondent preferences and reduce operational costs. This will be done using a sequential mixed-mode data collection approach in which sampled households are first invited to respond using self-administered online and paper questionnaires. Census Bureau field representatives will then conduct in-person follow-up for some households that do not respond to self-response modes, preserving the long-standing quality standards of the NHIS while modernizing its operational model. This mixed-mode design will be refined through a series of cognitive, usability, and field tests. This redesign of both survey operations and questionnaire content is strategically timed to coordinate with the data cycle used to monitor Healthy People 2030 objectives, providing a timely transition into the next decade of monitoring the nation's critical public health indicators. It is also timed to coincide with the Census Bureau's deployment of its new modernized data collection program—Data Ingest and Collection for the Enterprise (DICE)—that will improve the NHIS's ability to collect data from respondents through paper, internet, and interviewer-assisted modes.

The redesigned 2028 NHIS will continue to include an Adult Questionnaire completed by one randomly selected adult aged 18 or older in each sampled household. Consistent with current practices, information about the selected adult will be collected from the adult himself/herself unless s/he is physically or mentally unable to do so, in which case a knowledgeable proxy will be allowed to answer for the adult. The redesigned 2028 NHIS will also continue to include questions regarding one randomly selected child under age 18 in each household with children. Information about the child will be collected from a parent or guardian living with the child. Draft questionnaires for both adults and children have been included in this docket for public review and comment. The draft 2028 questionnaires can also be viewed on the NHIS website at *https://www.cdc.gov/nchs/nhis/about/2028-questionnaire-redesign.html.* It is expected that these questionnaires will be revised following the public comment period.

The National Center for Health Statistics (NCHS) is particularly interested in comments that support the planning of the redesign to be implemented in 2028. Comments are especially welcome regarding the structure, length, and clarity of the redesigned adult and child questionnaires; the implications of adopting a sequential mixed-mode design; the importance of specific content additions or removals; and the potential effect of these changes on data quality, usability, and trend measurement. Commenters who suggest questionnaire additions are encouraged to identify the minimum question sets to meet identified data needs. NCHS is also interested in comments on the practical utility of child-level data collection that is largely limited to domains for which all-person population estimates are desired (*i.e.,* population estimates that have historically relied on data from both the adult and child-focused interviews).

The redesigned questionnaires will retain key health measures that are essential for tracking public health trends. Key health measures in the draft adult questionnaire include longstanding items on major chronic health conditions, foundational measures of disability and functional status based on the Washington Group Short Set, and key measures of health insurance coverage, continuity, and adequacy. Topic areas in this draft questionnaire also include healthcare utilization, access to care, medication use, and prescription nonadherence. Behavioral and demographic covariates are also included. The draft adult questionnaire introduces several new content areas to reflect contemporary health information needs. These include a recently validated summary measure of overall health and well-being known as the Whole Person Health Index and new questions on high-deductible health plans, insurance adequacy, primary care, asthma treatment, and marijuana use.

Because the redesigned NHIS will include self-administered online and mailed questionnaires, the redesigned 2028 questionnaire will necessarily be shorter in length and less complicated in structure, as compared to the current questionnaire. Many of the more detailed questions on particular topics that were fielded annually from 2019 to 2027 are not included in the draft adult questionnaire for 2028. Also, the redesigned NHIS questionnaire structure does not include a detailed schedule of content that rotates on and off the survey with a set periodicity established years in advance. This change is necessary to both shorten the questionnaire and to preserve an agile and dynamic design that allows for the addition of content on topics of current and emerging interest. Space will still be reserved for federal agencies to fund sponsored content. For example, in 2028, NCHS anticipates including sponsored content on screening for breast, cervical, and colorectal cancer and on injury, among others.

OMB Clearance is sought for three years, to collect data for 2027–2029. For 2027 data collection, the docket includes detailed descriptions of sampling, questionnaires, data collection procedures, and other survey design components. These details have not yet been finalized for the 2028 and 2029 data collections. Therefore, the plans for the updated survey design are described only at a high level in this package. NCHS will submit more details regarding 2028 data collection, including revised questionnaires, to the Office of Management and Budget for approval in 2027.

2027 ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Expected number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Adult Household Member	Household Roster	35,000	1	4/60	2,333
Sample Adult	Adult Questionnaire	33,000	1	56/60	30,800
Adult Family Member	Child Questionnaire	10,000	1	20/60	3,333
Adult Family Member	Methodological Projects	3,000	1	40/60	2,000
Adult Family Member	Reinterview Survey	5,500	1	5/60	458
Total					38,925

2028–2029 ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Expected number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Adult Household Member	Household Roster	65,000	1	4/60	4,333
Sample Adult	Adult Questionnaire	40,000	1	35/60	23,333
Adult Family Member	Child Questionnaire	10,000	1	15/60	2,500
Adult Family Member	Methodological Projects	16,000	1	35/60	9,333
Sample Adolescent	Adolescent Follow-Back Survey	500	1	15/60	125
Adult Family Member	Reinterview Survey	3,000	1	5/60	250
Total					39,875

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1193]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Evaluating the Impact of Training and Technical Assistance (TTA) Programs for NCCCP Efforts'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on January 13, 2026 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Evaluating the Impact of Training and Technical Assistance (TTA) Programs for NCCCP Efforts (OMB No. 0920–1193)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention's (CDC) National Comprehensive Cancer Control Program (NCCCP) has been a primary funder for state and community-based cancer control interventions since its inception in the late 1990s. NCCCP's 66 recipients, including programs in all 50 states, the District of Columbia, a number of tribes, tribal organizations, and U.S. Associated Pacific Islands/territories, as well as cancer coalitions, engage with partners to enhance cancer-related data systems and deliver evidence-based interventions (EBIs) for