Redesigned National Health Interview Survey (NHIS)
2028 Adult Questionnaire Draft
Version: August 2026

The National Health Interview Survey (NHIS) will be redesigned for 2028 to modernize its data collection process. These updates respond to rising costs, growing difficulty in reaching households, and the need for a more flexible and efficient survey.

In the redesigned NHIS, households will first be invited to complete the survey on their own, either online or on paper. Census Bureau interviewers will then follow up in person with selected households that do not respond. Because the data collection process will now start with self-administered options, the 2028 questionnaire will be shorter and simpler than the current version.

A short household questionnaire will ask for the age and sex of everyone who usually lives or stays in the home. One adult (age 18 or older) and, if present, one child (age 17 or younger) will be randomly chosen for the full survey. The selected adult will answer for themselves unless they are unable, in which case a knowledgeable household member may respond. A parent or guardian living in the household will answer for the selected child. The adult respondent may or may not be the same person who answers for the child.

NCHS welcomes comments on all parts of the redesign, including the structure, length, and clarity of the revised questionnaire; the shift to a sequential mixed mode design; proposed additions or removals of content; and how these changes may affect data quality, usability, and trends over time.

A draft adult questionnaire is provided below.

Section A. Your Life Right Now

These questions ask about different areas in your life that may impact your overall health and well-being.

A1. Would you say your health in general is…
- Excellent
- Very good
- Good
- Fair
- Poor

A2. How would you rate your quality of life, focusing on what matters most to you?
- Excellent
- Very good
- Good
- Fair
- Poor

A3. How would you rate your social and family connections?

Excellent
Very good
Good
Fair
Poor

A4. In general, how healthy is your overall diet?

Excellent
Very good
Good
Fair
Poor

A5. How would you rate your physical activity, compared with people in your age group?

Excellent
Very good
Good
Fair
Poor

A6. How would you rate your ability to manage stress?

Excellent
Very good
Good
Fair
Poor

A7. How would you rate your sleep?

Excellent
Very good
Good
Fair
Poor

A8. How would you rate your ability to find meaning and purpose in your daily life?

Excellent
Very good
Good
Fair
Poor

A9. How would you rate your ability to manage your health, focusing on aspects of your health that matter most to you?

Excellent
Very good
Good
Fair
Poor

Section B. Your Health

The next questions are more specific about your health and any conditions you may have.

B1. Have you ever been told by a doctor or other health professional that you had high blood pressure, also called hypertension? *Do not include borderline or pre-hypertension, and occurrences only during pregnancy.*

Yes
No --- SKIP to **B3.**

B2. Are you currently taking any medication prescribed by a doctor for high blood pressure?

Yes
No

B3. Have you ever been told by a doctor or other health professional that you had high cholesterol?

Yes
No --- SKIP to **B5.**

B4 Are you currently taking any medication prescribed by a doctor to help lower cholesterol?

Yes
No

B5. Have you ever been told by a doctor or other health professional that you had asthma?

Yes
No --- SKIP to **B9.**

B6. How long has it been since you last had an asthma attack, flare-up, or episode?

Less than 12 months ago
At least 1 year ago but less than 2 years ago
At least 2 years ago but less than 5 years ago
At least 5 years ago but less than 10 years ago
10 years ago or more
Never

B7. During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?

Yes
No

B8. During the past 12 months, have you used any medication prescribed by a doctor for asthma, such as a preventer inhaler, daily inhaler, or oral corticosteroids?

Yes
No

B9. Have you ever been told by a doctor or other health professional that you had…

Mark (X) yes or no for each item.

	Yes	No
B9a. Coronary heart disease?		
B9b. A heart attack?		
B9c. A stroke?		

B10. Have you ever been told by a doctor or other health professional that you had…

Mark (X) yes or no for each item.

	Yes	No
B10a. COPD, emphysema, or chronic bronchitis?		
B10b. Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
B10c. Long-term liver condition including fatty liver disease, liver cancer, cirrhosis, or hepatitis?		
B10d. A kidney problem, protein in the urine, or kidney disease? *Do not include kidney stones, bladder infections, incontinence, or kidney problems during pregnancy.*		

B11. Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

Yes
No --- SKIP to **B14.**

B12. What kind of cancer was it? *If more than one kind, mark all that apply.*

Breast
Cervical
Lung
Prostate
Skin such as melanoma
Colorectal
Any other type

B13. How old were you when a doctor or other health professional first told you that you had each selected cancer?

__ __ years old

NOTE: **B13** is to be asked separately for each of the cancers identified in **B12**.

B14. Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

Yes
No

B15. Has a doctor or other health professional ever told you that you had diabetes? *Do not include prediabetes, borderline diabetes, or gestational diabetes.*

Yes
No --- SKIP to **B19.**

B16. How old were you when a doctor or other health professional first told you that you had diabetes?

_ _ years old

B17. Are you currently taking diabetic pills to lower blood sugar? *These are sometimes called oral agents or oral hypoglycemic agents.*

Yes
No

B18. Are you currently taking insulin? *Insulin can be taken by shot or pump.*

Yes
No

B19. At any time in the past 12 months, have you taken an oral or injectable GLP-1 medication to lower your blood sugar or lose weight, such as Ozempic, Wegovy, Mounjaro, or Rybelsus? *GLP-1 medications may contain semaglutide, tirzepatide, liraglutide, dulaglutide, or exenatide. Other common brand names include Zepbound, Saxenda, Victoza, or Trulicity.*

Yes
No

B20. How tall are you without shoes? *Your best estimate is fine.*

☐ feet ☐☐ inches

B21. How much do you weigh? *Your best estimate is fine.*

[ ] pounds [RANGE = 10-999]

B22. To your knowledge, are you currently pregnant?

Yes
No
Not applicable

B23. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?

Not at all
Several days
More than half the days
Nearly every day

B24. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

Not at all
Several days
More than half the days
Nearly every day

B25. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

Not at all
Several days
More than half the days
Nearly every day

B26. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Not at all
Several days
More than half the days
Nearly every day

B27. Are you currently taking prescription medication for anxiety or for feeling worried or nervous?

Yes
No

B28. Are you currently taking prescription medication for depression?

Yes
No

B29. Are you currently taking any other prescription medication to help you with your emotions or with your concentration, behavior, or mental health?

Yes
No

Section C. Your Day-to-Day Experience

C1. Do you have difficulty seeing, even if wearing glasses or contact lenses?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C2. Do you have difficulty hearing, even if using a hearing aid(s)?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C3. Do you have difficulty walking or climbing steps?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C4. Do you have difficulty remembering or concentrating?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C5. Do you have difficulty with self-care, such as washing all over or dressing?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C6. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C7. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C8. Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities, such as visiting friends, attending clubs and meetings, or going to parties?

No difficulty
Some difficulty
A lot of difficulty
Cannot do at all

C9. Are you limited in the kind OR amount of work you can do because of a physical, mental, or emotional problem? *Work includes paid work, volunteer work, schoolwork, and homework.*

Yes
No

C10. During the past 12 months, about how many days of work did you miss because you had an illness, injury, or disability? *Do not include family, maternity, or paternity leave.*

____ days (3-digit entry box)

C11. In the past 3 months, how often did you have pain?

Never --- SKIP to **SECTION D.**
Some days
Most days
Every day

C12. Thinking about the last time you had pain, how much pain did you have?

A little
A lot
Somewhere between a little and a lot

C13. Over the past 3 months, how often did pain limit your life or work activities?

Never
Some days
Most days
Every day

Section D. Your Health Care Coverage

D1. Are you currently covered by any kind of health insurance or some other kind of health care plan?

Yes
No --- SKIP to **SECTION E.**

D2. What kind of health insurance or health care coverage do you have?

Mark (X) yes or no for each item.

	Yes	No
D2a. Insurance through your current or former employer, union or professional association		
D2b. Insurance through another family member's current or former employer, union, or professional association		
D2c. Medicare, for people 65 and older or people with certain disabilities		
D2d. Medicare supplement like Medigap		
D2e. Medicaid, the Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability		
D2f. Insurance purchased directly from an insurance company, a broker or a State or Federal Marketplace such as HealthCare.gov		
D2g. Veteran's health care, enrolled for VA		
D2h. TRICARE or other military health care like CHAMPUS		
D2i. Indian Health Service		
D2j. State-sponsored health plan or other government program **D2k.** What is the name of this health plan or program? _____		

D3. Was any of the health insurance you marked on **D2** obtained through Healthcare.gov, the Health Insurance Marketplace, or a state-based health insurance exchange? *Healthcare.gov is a website for the Affordable Care Act, also known as Obamacare.*

Yes --- **D4.** What is the name of this plan? _____
No

D5. During the past 12 months, were you covered by health insurance for…

All of the year
Some of the year ---- **D6.** How many months did you have coverage? ___ months
None of the year

D7. Do you have a high-deductible health plan or a HDHP?

Yes
No --- SKIP to **D11.**

D8. Does this plan cover someone other than yourself?

Yes
No

D9. About how much is this plan's annual deductible? *A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills.*

Less than $1,750 *(will be updated to reflect any changes in IRS definition for HDHPs)*
$1,750 to less than $3,500
$3,500 or more

D10. There are special accounts or funds that can be used to pay for medical expenses, sometimes referred to as Health Savings Accounts or HSAs, Health Reimbursement Accounts or HRAs, Personal Care accounts, Personal Medical funds, or Choice funds. These are different from Flexible Spending Accounts or FSAs.

Does this plan include or allow you to contribute to a health savings account (HSA)?

Yes
No

D11. How often does your health insurance offer benefits or cover services that meet your needs?

Always
Usually
Sometimes
Never

D12. How often does your health insurance allow you to see the health care providers you need?

Always
Usually
Sometimes
Never

D13. How often does your health insurance leave you with more out-of-pocket cost than you can comfortably pay without needing to cut back on other basic expenses?

Always
Usually
Sometimes
Never

Section E. Your Health Care

E1. About how long has it been since you last saw a doctor or other health professional about your health? *Do not include dental care. Include doctors seen while a patient in a hospital.*

Within the past 12 months
At least 1 year ago but less than 2 years ago
2 years ago or more
Never

E2. Is there a particular place that you usually go to if you are sick or need advice about your health?

Yes, there is one place
There is more than one place
No --- SKIP to **E6.**

E3. What kind of place do you most often go to?

Doctor's office or health center
Urgent care center or clinic in a drug store or grocery store
Hospital emergency room
VA medical center or VA outpatient clinic
Some other place

E4. At this place, is there a particular doctor, nurse, or other health professional that you usually see when you get health care?

Yes
No --- SKIP to **E6.**

E5. Do you usually see this person when you need routine preventive care, such as a checkup or physical exam?

Yes
No

E6. During the past 12 months, how many times have you gone to an urgent care center about your health? *An urgent care center is located in its own building or space. These centers can provide services such as x-rays and stitches.*

None
1 time
2 or 3 times
4 or more times

E7. During the past 12 months, how many times have you gone to a hospital emergency room about your health? *This includes emergency room visits that resulted in a hospital admission.*

None
1 time
2 or 3 times
4 or more times

E8. During the past 12 months, how many nights have you been hospitalized? *Do not include an overnight stay in the emergency room.*

None
1 night
2 or 3 nights
4 or more nights

E9. During the past 12 months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?

Yes
No

E10. During the past 12 months, have you had a dental examination or cleaning? *Include examinations or cleanings from all types of dental care providers, such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.*

Yes
No

E11. During the past 12 months, have you had an eye exam from an eye specialist, such as an optometrist, ophthalmologist, or eye doctor?

Yes
No

E12. During the past 12 months, did you receive counseling or therapy from a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

Yes
No

E13. During the past 12 months, have you had a flu vaccination? *There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.*

Yes
No

Section F. Your Health Care Costs

F1. During the past 12 months, was there any time when you needed dental care but delayed or did not get it because of the cost?

Yes
No

F2. During the past 12 months, was there any time when you needed medical care but delayed or did not get it because of the cost?

Yes
No

F3. During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but delayed or did not get it because of the cost?

Yes
No

F4. At any time in the past 12 months, did you take prescription medication?

Yes
No --- SKIP to **F7.**

F5. During the past 12 months, did you take less prescription medication or skip doses to save money?

Yes
No

F6. During the past 12 months, was there any time when you delayed filling a prescription to save money?

Yes
No

F7. During the past 12 months, was there any time when you needed prescription medication, but did not get it because of the cost?

Yes
No

F8. Do you currently have any medical or dental bills that are past due or that you are unable to pay?

Yes
No

Section G. Your Physical Activity

These next questions are about moderate and vigorous physical activities that you may do for recreation or as part of your job.

G1. Moderate intensity activity makes you a little out of breath and gets your heart pumping, such as a brisk walk, raking the yard, or a physically active job. How often do you do moderate-intensity physical activity?

_____ days per week

☐ Less than one day per week

☐ Never --- SKIP to **G3.**

☐ I am unable to do this type of activity --- SKIP to **G3.**

G2. On those days, how long do you usually do moderate-intensity physical activities?

_____ minutes per day

G3. Vigorous intensity activity makes you very out of breath and gets your heart pumping fast, such as running, competitive sports, or a physically demanding job. How often do you do vigorous-intensity physical activity?

_____ days per week

☐ Less than one day per week

☐ Never --- SKIP to **G5.**

☐ I am unable to do this type of activity --- SKIP to **G5.**

G4. On those days, how long do you usually do vigorous-intensity physical activities?

_____ minutes per day

G5. How often do you do physical activities to build or strengthen your muscles? *These activities could include lifting weights, sit-ups, or resistance exercises, either for recreation or as part of your job.*

_____ days per week

☐ Less than one day per week

☐ Never

☐ I am unable to do this type of activity

G6. On average, how many hours of sleep do you typically get in a 24-hour period? *Include naps taken regularly.*

☐☐ Hours ☐☐ minutes

G7. Over the past 30 days, how often have you been bothered by trouble falling asleep?

Not at all
Less than half the days
More than half the days
Nearly every day

G8. Over the past 30 days, how often have you been bothered by trouble staying asleep?

Not at all
Less than half the days
More than half the days
Nearly every day

Section H. Alcohol, Nicotine, and Marijuana Use

H1. In the past year, how often did you have a drink containing alcohol?
Consider a "drink" to be a can or bottle of beer, a glass of wine, a wine cooler, or one cocktail or a shot of hard liquor like scotch, gin, or vodka.

Never --- SKIP to **H4.**
Monthly or less
2 to 4 times a month
2 to 3 times a week
4 to 5 times a week
6 or more times a week

H2. How many drinks did you have on a typical day when you were drinking in the past year?

1 to 2 drinks
3 to 4 drinks
5 to 6 drinks
7 to 9 drinks
10 or more drinks

H3. How often did you have 6 or more drinks on one occasion in the past year?

Never
Less than monthly
Monthly
Weekly
Daily or almost daily

H4. Have you smoked at least 100 cigarettes in your entire life?

Yes
No --- SKIP to **H6.**

H5. Do you currently smoke cigarettes every day, most days, some days, or not at all?

Every day
Most days
Some days
Not at all

H6. Do you currently use e-cigarettes or other electronic vaping products every day, most days, some days, or not at all? *Include e-cigarettes used for nicotine. Do not include marijuana use.*

Every day
Most days
Some days
Not at all

H7. Do you currently use marijuana every day, most days, some days, or not at all? *Do not include CBD-only products.*

Every day
Most days
Some days
Not at all --- SKIP to **I1.**

H8. For what reason or reasons do you use marijuana?

Mark (X) yes or no for each item

	Yes	No
H8a. For fun or to get high		
H8b. Pain relief		
H8c. Nausea		
H8d. Anxiety, stress, or other mental health		
H8e. Help with sleep		
H8f. Other medical reasons		

Section I. You and Your Family

I1. Are you Hispanic or Latino?
- No, not Hispanic or Latino
- Yes, Hispanic or Latino

I2. What race or races are you? *Select one or more*.
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

I3. What is the HIGHEST level of school you have completed or the highest degree you have received?
- Less than a high school diploma
- Regular high school diploma
- GED or equivalent
- Some college, no degree
- Occupational, technical, or vocational program
- Two year or Associate's degree
- Bachelor's degree (Example: BA, AB, BS, BBA)
- Master's degree (Example: MA, MS, MEng, MEd, MBA)
- Professional school degree (Example: MD, DDS, DVM, JD)
- Doctoral degree (Example: PhD, EdD)

I4. Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty
- On active duty in the past, but not now

I5. Is this house, apartment, or mobile home...
- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

I6. Are you currently living with a spouse or partner?
- Yes
- No

I7. What is your current legal marital status?
- Married
- Widowed
- Divorced
- Separated
- Never married

I8. Do you think of yourself as...

Lesbian or gay
Straight, that is, not lesbian or gay
Bisexual
Something else
I don't know the answer

I9. Which of the following best describes where you were born?

I was born in a U.S. state or the District of Columbia
I was born in a U.S. territory
I was born outside the United States and U.S. territories

I10. Which of the following best describes your current employment status?

Employed full-time
Employed part-time
Working without pay at a family-owned business
Retired --- SKIP to **I15.**
Not employed but looking for work --- SKIP to **I15.**
Not employed and not looking for work --- SKIP to **I15.**

I11. The next questions ask details about your employment. If you have more than one job, describe your main job where you work the most hours. Please be specific in your responses.

What kind of work do you do? That is, what is your job title or occupation? *For example, registered nurse, 4th-grade teacher, mechanical engineer, cable technician*

I12. What kind of business or industry is this? That is, what does your company make or do? *For example, hospital, elementary school, clothing manufacturing, auto repair*

I13. At your workplace, is paid sick leave available to you if you need it?

Yes
No

I14. Is health insurance offered to you through your workplace?

Yes
No

I15. Not including yourself, how many of the people in your household are members of your family?

For this survey, family refers to everybody living together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family, such as foster children. Family also includes any people living together as a couple and their children. If you live alone or live only with unrelated roommates, please answer zero (00).

------- Number of family members in household

I16. In 2027, for even one month, did you or any family members receive…

Mark (X) yes or no for each item.

	Yes	No
I16a. Food stamps or SNAP benefits?		
I16b. Benefits from the WIC program, that is, the Women, Infants, and Children program?		
I16c. Free or reduced-price breakfasts or lunches at school?		

I17. In 2027, did you or any family members receive income from any of the following sources?

Mark (X) yes or no for each item.

	Yes	No
I17a. Wages, salaries, commissions, bonuses, tips, or self-employment		
I17b. Interest-bearing accounts or investments		
I17c. Dividends from stocks or mutual funds		
I17d. Net rental income, royalty income, or income from estates and trusts		
I17e. Social Security or Railroad Retirement		
I17f. Supplemental Security Income, SSI, or Social Security Disability Income, SSDI, which are different from Social Security.		
I17g. Any public assistance or welfare payments from the state or local welfare office?		
I17h. Income from retirement, survivor, or disability pensions		

I17i. Any other sources regularly received such as Veterans' VA payments, unemployment compensation, child support, or alimony		

I18. What is your best estimate of the total income of all family members from all sources, before taxes, in 2027? *Report net income after business expenses if self-employed.*

$--------.00