Redesigned National Health Interview Survey (NHIS)
2028 Child 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 child questionnaire is provided below.

Section A. This Child's Health

A1. Would you say this child's health in general is…
- Excellent
- Very good
- Good
- Fair
- Poor

A2. Has a doctor or other health professional EVER told you that this child had asthma?
- Yes
- No --- SKIP to **A5.**

A3. During the past 12 months, has this child had an asthma attack, flare-up, or episode?
- Yes
- No

A4. During the past 12 months, has this child had to visit an emergency room or urgent care center because of asthma?
- Yes
- No

A5. Has a doctor or other health professional EVER told you that this child had diabetes?

Yes
No

A6. Has a doctor or other health professional EVER told you that this child had…

Mark (X) yes or no for each item.

	Yes	No
A6a. Hay fever, seasonal, or year-round allergies		
A6b. Eczema or atopic dermatitis, also known as a skin allergy		
A6c. An allergy to one or more foods		

A7. Has a doctor or other health professional EVER told you that this child had…

Mark (X) yes or no for each item.

	Yes	No
A7a. Attention-deficit/hyperactivity disorder (ADHD) or attention-deficit disorder (ADD)		
A7b. Intellectual disability, previously known as mental retardation		
A7c. Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder		
A7d. Any other developmental delay		

A8. Has a representative from a school or a health professional EVER told you that this child had a learning disability?

Yes
No

Section B. This Child's Health Care Coverage

B1. Is this child currently covered by any kind of health insurance or some other kind of health care plan?

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

B2. What kind of health insurance or health care coverage does this child have?

Mark (X) yes or no for each item.

	Yes	No
B2a. Insurance through a family member's current or former employer, union, or professional association		
B2b. Medicare, for people 65 and older or people with certain disabilities		
B2c. Medicare supplement like Medigap		
B2d. Medicaid, the Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability		
B2e Insurance purchased directly from an insurance company, a broker or a State or Federal Marketplace such as HealthCare.gov		
B2f. TRICARE or other military health care like CHAMPUS		
B2g. Indian Health Service		
B2h. State-sponsored health plan or other government program **B2i.** What is the name of this health plan or program? _____		

B3. Was any of the health insurance you marked on B2 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 --- **B4.** What is the name of this plan? _____
No

B5. During the past 12 months, was this child covered by health insurance for…

All of the year
Some of the year ---- **B6.** How many months did this child have coverage? ___ months
None of the year

B7. Does this child have a high-deductible health plan or a HDHP?

Yes
No --- SKIP to **B11.**

B8. Does this plan cover someone other than this child?

Yes
No

B9. 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

B10. 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

B11. How often does this child's health insurance offer benefits or cover services that meet their needs?

Always
Usually
Sometimes
Never

B12. How often does this child's health insurance allow them to see the health care providers they need?

Always
Usually
Sometimes
Never

B13. How often does this child's 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 C. This Child's Health Care

C1. About how long has it been since this child last saw a doctor or other health professional about their 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

C2. Is there a particular place that this child usually goes to if they are sick or need advice about their health?

Yes, there is one place
There is more than one place
No --- SKIP to **C6.**

C3. What kind of place does this child 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
Some other place

C4. At this place, is there a particular doctor, nurse, or other health professional that this child usually sees when they get health care?

Yes
No --- SKIP to **C6.**

C5. Does this child usually see this person when they need routine preventive care, such as a checkup or physical exam?

Yes
No

C6. During the past 12 months, how many times has this child gone to an urgent care center about their 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

C7. During the past 12 months, how many times has this child gone to a hospital emergency room about their health? *This includes emergency room visits that resulted in a hospital admission.*

None
1 time
2 or 3 times
4 or more times

C8. During the past 12 months, how many nights has this child been hospitalized? *Do not include an overnight stay in the emergency room.*

None
1 night
2 or 3 nights
4 or more nights

C9. During the past 12 months, has this child had an appointment with a doctor, nurse, or other health professional by video or by phone?

Yes
No

C10. During the past 12 months, has this child 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

C11. During the past 12 months, has this child had an eye exam from an eye specialist, such as an optometrist, ophthalmologist, or eye doctor?

Yes
No

C12. During the past 12 months, has this child received counseling or therapy from a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

Yes
No

C13. During the past 12 months, has this child 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

C14. At any time in the past 12 months, did this child take prescription medication?

Yes
No --- SKIP to **D1.**

C15. At any time in the past 12 months, did this child take any prescription medication to help with their emotions, concentration, behavior, or mental health?

Yes
No

Section D. This Child's Health Care Costs

D1. During the past 12 months, was there any time when this child needed dental care but delayed or did not get it because of the cost?

Yes
No

D2. During the past 12 months, was there any time when this child needed medical care but delayed or did not get it because of the cost?

Yes
No

D3. During the past 12 months, was there any time when this child needed counseling or therapy from a mental health professional, but delayed or did not get it because of the cost?

Yes
No

D4. During the past 12 months, was there any time when this child needed prescription medication, but did not get it because of the cost?

Yes
No

D5. Do you currently have any medical or dental bills FOR THIS CHILD'S CARE that are past due or that you are unable to pay?

Yes
No

Section E. This Child's Day-to-Day Experience

E1. How old is this child? *If less than 1 year, enter '0'*

☐☐ Years

If age is less than 5 years --- SKIP to **SECTION F.**

E2. Does this child have difficulty seeing, even if wearing glasses or contact lenses?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

E3. Does this child have difficulty hearing, even if using a hearing aid(s)?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

E4. Does this child have difficulty walking, even if using equipment or assistance?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

E5. Does this child have difficulty with self-care, such as eating or dressing?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

E6. When this child speaks, do they have difficulty being understood by people inside or outside of their household?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

E7. Compared with other children their age, does this child have difficulty learning things?
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

E8. Compared with other children their age, does this child have difficulty remembering things?

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

E9. Compared with other children their age, does this child have difficulty controlling their behavior?

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

E10. Does this child have difficulty concentrating on an activity they enjoy doing?

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

E11. Does this child have difficulty accepting changes in their routine?

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

E12. Does this child have difficulty making friends?

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

E13. How often does this child seem anxious, nervous, or worried?

Daily
Weekly
Monthly
A few times a year
Never

E14. How often does this child seem depressed?

Daily
Weekly
Monthly
A few times a year
Never

E15. During the past 12 months, about how many days of school did this child miss because of an illness, injury, or disability?

No missed school days
1-3 days
4-6 days
7-10 days
11 or more days
This child was not enrolled in school

E16. How tall is this child without shoes? *Your best estimate is fine.*

☐ feet ☐☐ inches

E17. How much does this child weigh? *Your best estimate is fine.*

☐☐☐ pounds

Section F. About You and This Child

F1. Is this child Hispanic or Latino?

No, not Hispanic or Latino
Yes, Hispanic or Latino

F2. What race or races is this child? *Select one or more.*

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

F3. What is your relationship to this child?

Parent
Grandparent
Uncle or aunt
Other family member
Guardian

F4. How many of this child's parents live at this address? *Include biological, step, adoptive, and foster parents.*

Two
One
Zero

F5. Including yourself and this child, 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.

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

F6. In 2027, for even one month, did you or any family members receive…

Mark (X) yes or no for each item.

	Yes	No
F6a. Food stamps or SNAP benefits?		
F6b. Benefits from the WIC program, that is, the Women, Infants, and Children program?		
F6c. Free or reduced-price breakfasts or lunches at school?		

F7. 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
F7a. Wages, salaries, commissions, bonuses, tips, or self-employment		
F7b. Interest-bearing accounts or investments		
F7c. Dividends from stocks or mutual funds		
F7d. Net rental income, royalty income, or income from estates and trusts		
F7e. Social Security or Railroad Retirement		
F7f. Supplemental Security Income, SSI, or Social Security Disability Income, SSDI, which are different from Social Security.		
F7g. Any public assistance or welfare payments from the state or local welfare office?		
F7h. Income from retirement, survivor, or disability pensions		
F7i. Any other sources regularly received such as Veterans' VA payments, unemployment compensation, child support, or alimony		

F8. 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.*

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