NHIS 2028 PUBLIC COMMENT GUIDANCE (Focus on Disability)

What You Need to Know About Proposed Changes to the National Health Interview Survey (NHIS)

Guidance for disability organizations, advocates, researchers, people with disabilities, and families preparing public comments

IN BRIEF

- The National Center for Health Statistics (NCHS) is proposing a redesign of NHIS for 2028.
- Some disability and functioning questions would be removed. This will make it more difficult to measure the prevalence of certain types of disability, like intellectual and developmental disabilities (IDD).
- The way households are asked to respond would also change. There is concern that people with disabilities may have a hard time participating in the NHIS if these changes were finalized.
- There are health status questions that are important for monitoring public health and especially important to the disability community that would be removed.
- The redesign is not final, and NCHS is asking for public comment.
- This guide highlights what matters for disability data and helps you prepare a specific comment to make your voice count.
- At the federal government level, there are a number of changes being proposed to data collection. Another public comment period is open about changes to the Census.

Important links

Docket ID No. CDC-2026-1387

Submit a public comment on Regulations.gov

Comment page with Tips for submitting effective comments (from Regulations.gov)

CDC/NCHS: 2028 NHIS Questionnaire Redesign

Federal Register notice (91 FR 53869)

Proposed 2028 Adult NHIS Questionnaire

Deadline: Submit by October 19, 2026, to meet the Federal Register deadline. The CDC redesign page currently lists October 20.

WHAT YOU NEED TO KNOW

- NHIS is one of the nation's most important sources of information about health, disability, functioning, health care access, and health outcomes. Federal law specifically authorizes NCHS to collect statistics on the extent and nature of illness and disability in the U.S. population. The NHIS is usually revised approximately every 10-years.

- As part of the 2028 revisions, NCHS is proposing a major redesign of the survey. The adult questionnaire would be shorter, and households would first be invited to respond on their own online or on paper. Census Bureau interviewers would follow up in person with some households that do not respond. Currently, the adult questionnaire is an interview format with no option for self-response.

- The proposed adult survey keeps the six Washington Group Short Set questions on seeing, hearing, walking or climbing steps, remembering or concentrating, self-care, and communication. But it leaves out many other questions that help identify people with significant disabilities and understand their lives. Disability advocates and researchers have emphasized that although this short set of questions have a number of limitations, the data from these questions are essential to help understand the experiences of the disability community.

- Of particular concern for developmental disability (DD) data, the revised survey leaves out the age-of-onset question ("You said you had difficulty with [vision, hearing, mobility, cognition, self-care, or communication]. Did the difficulty begin before age 22?"). The revised survey also removes two additional 2026 questions on difficulty learning and receiving help with everyday tasks. These questions were sponsored by the Administration for Community Living (ACL) to improve identification of people with developmental disabilities in national survey data.

- The proposed removals would also eliminate some analyses that NCHS is producing today. A September 2026 NCHS report on fatigue used NHIS fatigue questions together with detailed functioning and participation measures. The exact analysis could not be reproduced using the proposed 2028 questionnaire.

- NCHS is asking for public comment about the proposed changes, specific content that should be kept, the new data collection method, data quality, and the ability to measure trends over time. **This is the time to explain what information your organization or community needs and why.**

WHY NHIS MATTERS FOR DISABILITY DATA

NHIS is a national health survey. It is designed to collect information about the U.S. civilian, noninstitutionalized population. It does not represent people living in institutions, but it provides a national picture of people living in households and the community. NHIS data are used to understand health, functioning, health care access, insurance, chronic conditions, preventive care, and other health experiences.

What gets counted is what gets paid attention to. Disability identification matters because health information is much more useful when we can tell which respondents have disabilities. For example, a national estimate of delayed health care is useful. But it is far more useful for disability policy and public health when researchers can compare delayed care for people with and without disabilities, or for people with different types and levels of functional limitation.

NHIS can help describe people with:

- mobility and other physical limitations;
- blindness, low vision, Deafness, and hearing limitations;
- cognitive, learning, intellectual, and developmental disabilities;
- communication disabilities;
- limitations in self-care or independent living;
- mental health-related functional limitations; and
- multiple or significant long-term functional limitations.

Important note about limitations in the data

No single NHIS question identifies every person with a disability. The Washington Group Short Set is valuable, but it does not capture all people with disabilities and it is not, by itself, a way to identify the population with developmental disabilities.

WHAT IS CHANGING IN 2028?

The proposal changes both what NHIS asks and how NHIS collects responses. These two changes should be considered together because a shorter questionnaire and a different response method can both affect who is identified and what can be learned about their health.

1. Developmental disability identification could be weakened

The Developmental Disabilities Assistance and Bill of Rights Act uses a functional definition of developmental disability. For adults, the definition includes disability that began before age 22 and substantial functional limitations in areas such as self-care, language, learning, mobility, self-direction, independent living, and economic self-sufficiency.

ACL has invested in NHIS questions intended to improve the ability to identify a population that is more consistent with this DD Act framework. Three items have been developed to improve the ability of the NHIS to identify the population with developmental disability. The specific questions are

1. **Learning** (SOCLEARN_A) was first fielded in 2026 and asks about difficulty learning new things. Exact question text: "*Do you have difficulty learning new things, for example, at school, work, or in other places? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?"*
2. **Receipt of help** (SOCTASKS_A) was first fielded in 2026 and asks if someone needs help with everyday tasks (sometimes called "instrumental activities of daily living" or IADLs). Exact question text: "*Because of a physical, mental or emotional condition, does someone help you with everyday tasks such as grocery shopping, paying bills or visiting the doctor's office?"*
3. **Age of onset** (DEVDONSET_A) was first fielded in 2020. In the survey, the placeholders ("DIFF") and ("THISDIFF") are filled with the functional difficulty the person previously reported—for example, difficulty with mobility, cognition, self-care, communication, vision, hearing, learning, or receipt of help. It is asked only once, even if multiple functional difficulties are named. Exact question text: *"You said that you have difficulty with ^DIFF. Did ^THISDIFF begin before age 22?"*

A note about identifying the population with ID, and DD, and the term IDD.

The current adult NHIS does not directly ask whether a person has intellectual disability or autism. In many policy discussions, the term IDD is used to include people with a **diagnosis** of intellectual disabilities or associated conditions and the broad group of people with **functional limitations** that are long term and began in the developmental period (before age 22).

The NHIS age-of-onset, learning, and receipt of help questions are not a diagnostic measure and do not identify everyone with IDD. They support a way to identify adults with developmental disability whose age of onset and functional limitations are consistent with the DD Act framework. People with IDD are part of the population whether or not a particular dataset can identify them. **Changing survey questions changes who can be identified in the data; it does not change who is part of the population.**

The proposed 2028 adult questionnaire does not include these three items. The learning and receipt of help questions are scheduled to remain in NHIS in 2027, which would provide only two years of data before the proposed redesign. For a relatively small and diverse population, researchers often need multiple years of data to evaluate how measures perform and to produce stable estimates. The 2020 pandemic also disrupted NHIS field procedures and response patterns, limiting the value of treating all early years as a simple, consistent baseline.

Consistency across years is especially important for smaller populations. As with the DD identifier, researchers or organizations that use NHIS data may need to combine multiple years of NHIS data to produce stable estimates. A disability identification measure that changes or disappears can break trend lines even when a health outcome question remains. Special Olympics International raised this issue in its public comment, noting that a consistent IDD identifier is necessary to interpret health outcomes and compare them over time.

What to ask NCHS

- These questions are part of the minimum content needed to operationalize the DD definition in the NHIS.
- This requires multiple years of data. Researchers are able to pool multiple years of data to achieve a population size that has enough power in analyses.
- To accomplish this, the three questions above should be retained in the annual core survey.

Another possible comment: Depending on the purpose of the analysis, advocates may also ask NCHS to consider a small number of adult condition-based questions, such as questions about intellectual disability or autism, as a complement to functioning and age-of-onset measures. No single approach will identify everyone. The important point is to be clear about what each measure can identify, who may be missed, and what additional information is needed for the intended use.

2. The shorter survey may identify fewer people with significant disabilities

The proposed adult survey keeps the six Washington Group Short Set domains, but many detailed functioning questions are not included in the draft. The companion crosswalk identifies omitted questions about mobility equipment and assistance, detailed walking limitations, upper-body functioning, detailed cognition, anxiety and depression functioning measures, fatigue, learning, and receipt of help.

The retained Short Set is not equivalent to the fuller functioning information now available in NHIS. Advocates who use more detailed Washington Group functioning measures should ask whether the proposed question set would still support those analyses. The key question is not simply whether some disability questions remain, but which disability populations and levels of functional limitation can still be identified.

People can have substantial and long-term disabilities that are not fully described by the Short Set alone. **Removing detail can change who is counted in disability subgroups and can make it harder to distinguish people with more significant support needs.** It can also make it harder to study specific populations such as wheelchair and scooter users, people with learning or cognitive disabilities, people who need help with daily activities, or people whose mental health conditions substantially limit functioning, and older adults with acquired disabilities or multiple functional limitations.

What to ask NCHS

- Explain which disability populations or analytic uses would no longer be supported by the proposed question set (the companion crosswalk can help you look up questions that are proposed to continue and which will not).
- The Washington Group Short Set can be a useful foundation, but it is not sufficient for every disability population or purpose. If additional questions are needed to identify the population you study or serve, explain who may be missed and ask NCHS to retain the smallest set of additional questions needed to support that identification and analysis.

3. The new response method must be tested for disability access and representation

The proposed redesign is not an online-only survey. Households would first be invited to complete a self-administered survey online or on paper. Census Bureau interviewers would then follow up in person with some households that do not respond. A knowledgeable proxy could still answer for a selected adult who is unable to respond for themselves.

Self-administered surveys can work well for many people, but the change is important for disability data. Some people need large print, screen-reader compatibility, plain language, communication support, help understanding questions, assistance entering responses, or an interviewer who can adapt the interaction. Some people may be less likely to open or complete a government survey on their own. If those patterns differ by disability, the survey could underrepresent the very groups NHIS needs to measure.

This is a testable concern, not a reason to assume that mixed-mode collection will fail. NCHS has said the redesign will be refined through cognitive, usability, and field testing. Disability organizations can ask that people with a wide range of disabilities be intentionally included in that testing and that NCHS report what it learns.

A content-design question that is not fully explained in the public materials is whether the need to make the questionnaire work on paper, including limits on skip logic, contributed to decisions to remove particular functioning questions. Rather than assume the answer, advocates can ask NCHS to identify which removals were driven by mode or paper-questionnaire constraints and what alternatives were considered.

A second emerging question is how NCHS will protect the integrity of web responses in the current technology environment without creating new barriers for people who legitimately use assistive technology, a proxy respondent, or help from another person to complete the survey.

What to ask NCHS

- Test online, paper, proxy, and interviewer-assisted response with people who have intellectual, cognitive, communication, sensory, physical, and mental health disabilities.
- Examine response rates, incomplete surveys, missing answers, proxy use, accessibility problems, and differences by response mode.
- Preserve enough in-person follow-up and assistance to avoid systematically missing people who cannot use self-administered modes.
- Ask NCHS to explain whether paper-mode or skip-logic constraints drove specific content removals.
- If NCHS uses verification safeguards for web response, ask that they be tested so they do not block legitimate use of assistive technology, proxy response, or help completing the survey.
- Ask NCHS how it will support people who can answer the survey with assistance and how it will determine when a proxy response is appropriate.

4. NHIS must still support comparisons of health and health care for people with disabilities

Identifying the disability population is only the first step. NHIS is also valuable because it allows researchers and policymakers to compare the health and health care experiences of people with and without disabilities.

The proposed 2028 questionnaire would remove or change some questions that measure issues especially important for monitoring the health of people with disabilities. These include measures related to fatigue, mental health functioning, some chronic conditions, condition-specific limitations, and other health experiences. When these measures are removed, it becomes harder to track disparities, understand changes over time, and assess whether people with disabilities are receiving the care and supports they need.

Mental health measures are one example of why the specific questions matter. The proposed adult questionnaire retains brief mental health screening questions, but does not retain the current Washington Group anxiety and depression frequency and intensity items. A brief recent-symptom screener does not necessarily replace questions that describe the frequency, intensity, or functional impact of anxiety and depression over time. If those distinctions matter to your work or community, explain why and identify the minimum measures you need.

What to ask NCHS

- Ask NCHS to explain the rationale for removing health-status and health-care measures that are important for monitoring outcomes for people with disabilities.
- Identify the measures your organization or community uses—for example, measures related to access to care, delayed or unmet treatment, mental health, fatigue, pain, or condition-specific limitations—and explain what would become harder to monitor if they are removed.

5. The proposed removals would prevent analyses NCHS is producing today

Read NCHS National Health Statistics Reports No. 221 (PDF)

One recent example to consider is an analysis published by NCHS in September 2026: National Health Statistics Reports No. 221, “Fatigue Among Adults Age 18 and Older: United States, 2024.” Using 2024 NHIS data, NCHS examined the frequency, duration, and intensity of fatigue and then analyzed how frequent fatigue co-occurred with functioning difficulties and limitations in work and social participation.

The report relied on the three NHIS fatigue questions and on functioning measures covering seeing, hearing, walking, communication, cognition, self-care, upper-body functioning, anxiety, and depression. It also used the NHIS work- and social-activity limitation questions. This is exactly the kind of population-level analysis that makes NHIS valuable: it allows federal agencies and researchers to examine how a health or functioning issue relates to disability and participation across the U.S. community-dwelling population.

The proposed 2028 questionnaire would retain the six Washington Group Short Set domains and the work and social-activity limitation items, but it would remove all three fatigue questions and the upper-body functioning questions. It would also replace the Washington Group anxiety and depression functioning measures used in this report with different brief screening questions. As a result, the NHSR 221 analysis could not be reproduced using the proposed 2028 questionnaire.

NHIS serves as a foundation for disability research because its data can be linked to Medicare, Medicaid, Social Security, housing, and mortality records. If disability and functioning measures are removed from NHIS, researchers may have fewer tools to identify disability populations, measure support needs, and examine how policies and services affect real-world outcomes. The administrative records remain, but the ability to understand the experiences of people with disabilities through those records may be diminished.

Researchers have access to public use data and are encouraged to use these files for more detailed information.

What to ask NCHS

- Before removing disability and functioning content, NCHS should identify the federal analyses, surveillance products, Healthy People measures, and other research that depend on the affected items.
- What analyses that NCHS or other federal agencies can conduct today would no longer be possible—or would no longer be comparable—under the proposed 2028 questionnaire?
- It would be useful to ask NCHS to explain how those losses were weighed against the goals of reducing respondent burden and survey cost.

6. Ask how the redesign was developed and reviewed

The process used to develop a major survey redesign matters, especially when the redesign changes both the questionnaire and the way people are asked to respond. Publicly available CDC documentation shows that the redesign implemented in 2019 involved several stages of outside input and testing. NCHS reports that it received public comments through separate requests for input in 2015, 2016, and 2017 and convened technical expert panels. In October 2018, it launched a full-scale dress rehearsal in which the redesigned questionnaire was fielded alongside the existing NHIS, creating a "bridge sample" that allowed NCHS to compare the old and new instruments.

For the proposed 2028 redesign, NCHS has opened the current public comment period and says the mixed-mode design will be refined through cognitive, usability, and field testing. The Federal Register notice also says that important details for 2028 and 2029 have not yet been finalized and that NCHS will submit more complete 2028 plans and revised questionnaires to the Office of Management and Budget in 2027.

Based on the public materials reviewed as of September 15, 2026, we did not find documentation showing an equivalent series of earlier public-input rounds or technical expert panels for the 2028 redesign. That does not mean those activities did not occur. It does mean the public can reasonably ask NCHS to explain how the 2028 redesign process compares with the process used for the prior major redesign and how disability stakeholders, researchers, and people with disabilities have been involved.

What to ask NCHS

- Please describe the process used to develop and review the proposed 2028 NHIS redesign, including stakeholder engagement, external expert review, criteria for retaining or removing content, and disability-community participation.
- How does this process compare with the process used for the 2019 redesign?
- Before the 2028 design is finalized, will NCHS publish results from cognitive, usability, and field testing; describe whether testing included people with a range of disabilities; and provide another opportunity for public review of substantial revisions?

7. Timing and transition deserve attention

Changes to a major national survey can affect who is represented in the data, whether estimates remain comparable over time, and whether researchers can combine multiple years of data for smaller disability populations. These issues are especially important when questionnaire content and response methods are changing at the same time.

For the broader disability population, NCHS should consider how the transition to the redesigned survey will affect continuity in disability identification, health-status measures, and trend measurement. Changes in question wording, question availability, or response mode can make it difficult to tell whether an observed difference reflects a real change in population health or a change in how the survey measured it.

Specific to people with IDD, continuity is especially important because the age-of-onset, learning, and receipt-of-help questions support identification of adults whose functional limitations and age of onset are consistent with key elements of the DD Act definition. The learning and receipt-of-help questions were first fielded in 2026 and are scheduled to remain in 2027, but they are not included in the proposed 2028 questionnaire. For a relatively small and diverse population, researchers may need to combine multiple years of data to produce stable estimates and examine trends over time. The concern is therefore not simply whether these questions are fielded for one additional year. It is whether NHIS will continue to include the minimum questions needed to identify this population consistently in future years.

Advocates can ask NCHS to consider a phased implementation or delay if needed to preserve at least a third year of the ACL-sponsored DD questions and to complete disability-inclusive pilot or bridge testing of the new mixed-mode design. A transition or bridge period would also help data users distinguish real changes in population health from changes caused by the questionnaire or response mode.

What to ask NCHS

- Ask NCHS to explain how the transition to the redesigned survey will preserve continuity for disability populations, including comparability across years, the ability to pool data for smaller populations, and the ability to distinguish real changes in health from changes caused by the questionnaire or response mode.
- Specific to people with IDD, ask NCHS to retain the age-of-onset, learning, and receipt-of-help questions as stable annual core content, together with the functional questions needed to interpret them, so that NHIS continues to support consistent identification of people who may meet the DD Act definition over time.

WHAT SHOULD YOUR PUBLIC COMMENT INCLUDE?

You do not need to comment on every part of the redesign. A strong comment can focus on one or two issues that directly affect your work, your community, or your own experience. If you want to emphasize various concerns on different areas of the redesign, you may want to consider making separate comments for each of these major areas of concern. Page 13 provides an optional approach, using an AI prompt to assist with developing a response. Below, we include general guidance for making public comments:

- ✓ Say who you are and why NHIS data matter to you or your organization.
- ✓ Name the population or issue you are concerned about.
- ✓ Identify the specific question or survey-method change that creates the concern.
- ✓ If you ask NCHS to restore or add questions, identify the smallest question set that would meet your data need and explain what each question makes possible.
- ✓ Explain what would become harder to measure, compare, fund, plan for, or advocate for if the change goes forward.
- ✓ Make a concrete request—for example, retain a specific question annually, continue the new DD questions long enough to evaluate them, or require disability-inclusive testing of the mixed-mode design.
- ✓ Ask a focused question that you would like NCHS to answer publicly before finalizing the redesign. For example, you can ask for the rationale behind removing questions.

Examples of focused questions for NCHS

(You should not ask all questions. These are here to help create comments that are individualized for your concerns).

- How will NCHS evaluate whether the 2028 question set can still identify people with significant long-term functional limitations, including people who may meet the DD Act definition?
- What is the minimum annual question set NCHS recommends for researchers who need to identify developmental disability in NHIS data?
- How will NCHS test whether self-administered response changes participation or data quality for people with intellectual, cognitive, communication, sensory, physical, or mental health disabilities?

- How will NCHS support people who can answer the survey with assistance, and how will it determine when a proxy response is appropriate?
  - How will NCHS measure and report differences in response, proxy use, missing data, or survey completion by disability and response mode?
  - Which current NCHS, CDC, or other federal analyses rely on the functioning and disability items proposed for removal, and which of those analyses would no longer be possible or comparable after 2028?
  - How did NCHS weigh the loss of analyses such as NHSR No. 221 against the expected reductions in respondent burden and survey cost?
  - How did NCHS involve disability stakeholders, data users, and external subject-matter experts in developing the 2028 draft before it was released for public comment?
  - How does the review and testing process for the 2028 redesign compare with the process used for the 2019 redesign, including multiple rounds of public input, expert panels, field testing, and a bridge sample?
  - Will NCHS publish the findings from cognitive, usability, and field testing and provide an opportunity to comment on substantial revisions before the 2028 questionnaire is finalized?
- For each disability or functioning item proposed for removal, what evidence and criteria were used, and did paper-questionnaire or skip-logic constraints affect the decision?
- What is the rationale to implement the redesign before a third year of the 2026 ACL-sponsored learning and receipt-of-help questions is available? Would NCHS consider phased implementation or delay if more time is needed?
- Will NCHS conduct and publish a bridge or pilot analysis showing how the new response mode affects response rates, proxy use, missing data, disability estimates, and accessibility for people who use assistance or assistive technology?
- How will the proposed question set support analyses that currently use fuller Washington Group functioning measures beyond the Short Set?
  - How will NCHS protect the ability to pool multiple years of data and compare trends for smaller disability populations?

USE THE DETAILED CROSSWALK WHEN YOU NEED EXACT QUESTION WORDING

This brief is meant to help people understand the main issues. The companion NHIS disability crosswalk provides the detailed question text, variable names, years fielded, and whether each item is included in the proposed 2028 questionnaire. Use the crosswalk when your comment names a specific question.

OPTIONAL: USE AI TO HELP DRAFT YOUR COMMENT

AI can help organize a public comment, but it should not invent survey questions, facts, citations, or personal experiences. Upload the detailed NHIS crosswalk. For concerns about survey methods, also provide the Federal Register notice and CDC redesign page. Then fill in the brackets below.

AI prompt

I am preparing a public comment for Docket No. CDC-2026-1387 about the proposed 2028 National Health Interview Survey redesign. I am a *[role, such as self-advocate, family member, researcher, disability organization, or service provider]*. I am particularly concerned about *[topic or population]* because *[why it matters to me or how I use these data]*. An experience I choose to share is *[optional; leave blank if none]*.

Using the uploaded sources, draft a 150–350-word public comment in plain language and my voice. Identify up to three specific questions absent from or changed in the proposed 2028 adult NHIS, or a survey-method change, that directly relate to my concern. Give question IDs and exact wording when available. Distinguish omitted questions from retained or modified items and from gaps that already existed in 2026. Explain the connection to my concern and suggest one focused question for NCHS and one concrete request.

Use only facts supported by the sources and experiences I provide. Cite the relevant source and page or row so I can check them. Do not invent experiences, evidence, or question wording. Treat the redesign as proposed. If the sources do not support a connection, say so rather than making one up.

Optional AI disclosure

“I used an AI writing tool to help organize and draft this comment. The views, experiences, and recommendations expressed here are my own, and I reviewed and edited the final text before submission.”

Before submitting an AI-assisted comment: check every survey question and citation against the source materials, revise the draft so it reflects your own views and voice, and remove any personal information you do not want made public.

HOW TO SUBMIT A COMMENT

- Submit by October 19, 2026, to meet the Federal Register deadline.
- Use Docket No. CDC-2026-1387.
- Submit through Regulations.gov or by mail using the instructions in the Federal Register notice.
- Comments are public. The Federal Register notice says CDC will post all relevant comments, without change, to Regulations.gov after review. Do not include personal or confidential information that you do not want made public.
-

WHAT HAPPENS AFTER YOU SUBMIT?

Your comment becomes part of the public record. CDC states that all relevant comments will be posted on Regulations.gov after agency review. This means other advocates, researchers, organizations, and members of the public can read submitted comments.

You do not have to put every concern into one submission. If you have different areas of concern—for example, developmental disability identification, survey access, loss of fatigue measures, or the redesign process—you should submit separate comments focused on each issue. Focused comments can make the concern and requested action easier to understand. There is no advantage to submitting duplicate copies of the same comment.

CDC is not expected to send each commenter an individual response. However, the Paperwork Reduction Act process requires the agency's later submission to the Office of Management and Budget (OMB) to summarize the public comments it received and describe actions taken in response. Prior NHIS OMB packages have included a publicly available "Responses to Comments" document. The agency response may group similar comments rather than respond to each submission separately.

Submit a comment on Regulations.gov

View the CDC-2026-1387 docket and posted materials/comments

SOURCES AND SUPPORTING MATERIALS

Federal Register: 2026 NHIS notice and public comment docket

CDC/NCHS: 2028 NHIS Questionnaire Redesign

CDC/NCHS, Redesigned NHIS 2028 Adult Questionnaire Draft, August 2026.

CDC/NCHS, 2026 NHIS Questionnaire and sponsored-content documentation.

CDC/NCHS, 2020 NHIS documentation on COVID-19-related field-procedure changes and response rates.

Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. § 15002(8).

Special Olympics International comment regarding Docket No. CDC-2026-1387, September 10, 2026.

CDC/NCHS, National Health Statistics Reports No. 221, "Fatigue Among Adults Age 18 and Older: United States, 2024," September 3, 2026

CDC/NCHS: 2019 NHIS Survey Description — documents public input in 2015, 2016, and 2017 and technical expert panels

Federal Register: 2016 notice seeking public comment on the prior NHIS questionnaire redesign

CDC/NCHS Board of Scientific Counselors, December 2018 minutes — field test and full-scale bridge sample/dress rehearsal

CDC/NCHS: 2019 NHIS Questionnaire Redesign overview

Federal Register notice for Docket CDC-2026-1387 — states that CDC will post all relevant comments to Regulations.gov

OMB Supporting Statement A template — requires agencies to summarize public comments and describe actions taken in response

Prior NHIS OMB package (0920-0214) — includes a public "Responses to Comments" attachment

Disability Statistics | Northeast ADA Center

Updated September 17, 2026.

This was prepared by Human Services Research Institute (HSRI) with funding from the Administration for Community Living (ACL contract HHSP23320150011911) and with subject matter experts who provided input to HSRI in the development of these materials. The contents are intended for educational purposes and are solely the responsibility of the authors. They do not necessarily represent the official views of the Administration for Community Living, or the Department of Health and Human Services.