

October 19, 2026

The Honorable Erica Schwartz
Director
Centers for Disease Control and Prevention
1600 Clifton Road, N.E.
Atlanta, GA 30329

**RE: 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)
Docket No. CDC-2026-1387**

Dear Dr. Schwartz:

On behalf of the undersigned public health and medical organizations, we appreciate the opportunity to comment on the National Health Interview Survey (NHIS). NHIS is one of the nation's most important sources of information on tobacco use behaviors, cessation, and emerging product trends. The tobacco product marketplace has changed dramatically with the growth of e-cigarettes, nicotine pouches, and other emerging nicotine products. At a time when comprehensive surveillance is increasingly important, the proposed reductions in tobacco-related content in the 2028 redesign risk creating significant gaps in our understanding of tobacco use and cessation behaviors. For decades, researchers, public health agencies, policymakers, and advocates have relied on NHIS data to monitor patterns of tobacco use, evaluate interventions, identify disparities, and assess progress toward reducing tobacco-related death and disease. NHIS data are also used to monitor the nation's progress toward achieving tobacco-related Healthy People objectives and to inform public health programs and policies. The value of NHIS stems not only from its long history and national representativeness, but also from the ability to compare data across years and track changes in use behaviors over time. Maintaining continuity in key tobacco measures is essential to understanding long-term trends, evaluating tobacco prevention and cessation interventions, and assessing whether our nation is making progress toward reducing the burden of tobacco-related death and disease.

While we understand CDC's efforts to modernize the survey and reduce respondent burden, we are concerned that several proposed changes could significantly diminish the utility of NHIS for tobacco surveillance and compromise the comparability of future data with prior years. Thus, we urge CDC to implement the following recommendations regarding the NHIS:

Preserve measures of cigarette smoking intensity and frequency.

We are particularly concerned about the proposed removal of questions that assess smoking frequency and cigarette consumption. Under the proposed questionnaire for the 2028 redesign, questions asking survey respondents how many cigarettes they currently smoked per day and on how many of the past 30 days they smoked would be eliminated. As a result, survey respondents who have smoked at least 100 cigarettes in their lifetime would be asked only whether they currently smoke every day, most days, some days, or not at all.

The eliminated measures are critical for understanding smoking intensity, dependence, and patterns of use. In addition, asking respondents on how many of the past 30 days they smoked is a well-established standard across tobacco surveillance systems. Retaining a past-30-day

frequency measure would improve consistency with other national surveys and support more meaningful comparisons across data sources. Eliminating these questions will make it more difficult to assess changes in smoking behavior, evaluate tobacco prevention and cessation interventions, and compare NHIS findings with other surveillance systems.

We recommend retaining questions that assess number of cigarettes smoked per day among current smokers, number of days smoked during the past 30 days among those who report smoking, and other measures necessary to characterize smoking intensity and frequency.

Reconsider the proposed lifetime cigarette threshold and skip pattern for youth.

We are also concerned about the proposed use of the lifetime 100-cigarette threshold and associated skip patterns for survey respondents under the age of 18. The proposed questionnaire asks whether respondents have smoked at least 100 cigarettes in their lifetime and directs respondents answering "no" to skip the subsequent question about whether they currently smoke cigarettes every day, most days, some days, or not at all. This approach is particularly problematic for respondents under age 18 as youth tobacco use often occurs at lower levels of consumption, and many young people who currently smoke or are experimenting with cigarettes will not yet have reached the 100-cigarette threshold.^{1,2} If younger respondents are asked the 100-cigarette question and then routed around the subsequent question, important information about youth smoking behaviors may be lost. Therefore, we recommend either excluding respondents under age 18 from this skip pattern or ensuring that respondents under age 18 who report smoking experience are asked follow-up questions regardless of whether they have smoked 100 cigarettes in their lifetime. This change would provide a more complete understanding of smoking behaviors among youth and support continued monitoring of initiation and progression to regular use.

Preserve critical smoking cessation and quit-behavior measures through a regular rotation schedule.

We are concerned about the apparent removal of key questions related to smoking cessation, quit attempts, and use of evidence-based cessation supports. The proposed 2028 redesign does not include questions assessing whether smokers attempted to quit, how long it has been since former smokers quit smoking, whether healthcare providers advised cessation, and what medications, counseling services, quitlines, digital tools, or other resources were used during quit attempts. These cessation indicators provide essential information about quitting behaviors, treatment utilization, healthcare provider engagement, and the effectiveness of cessation interventions. The NHIS has long been a key source of nationally representative data on smoking cessation and quit attempts, enabling us to evaluate progress toward reducing tobacco-related death and disease. In fact, the U.S. Department of Health and Human Services (HHS) Healthy People 2030 uses the NHIS as the data source for national cessation objectives, including use of smoking cessation counseling and medication in adults who smoke, successful quit attempts among adults who smoke, and past-year attempts to quit smoking among adults, which demonstrates the survey's central role in tracking cessation outcomes.³

We recognize that survey length constraints may limit the inclusion of these questions in the annual core questionnaire. However, we strongly recommend that CDC commit to collecting these cessation measures on a regular and predictable basis, even if they are administered through a rotating module rather than annually. For example, these questions could be fielded every two or three years as part of a recurring supplemental module. Without ongoing collection of these indicators, researchers and public health practitioners will have limited ability to assess

smoking cessation behaviors, evaluate the effectiveness of cessation programs, and identify gaps in access to proven cessation resources.

Maintain surveillance of nicotine pouches.

We strongly urge CDC to retain questions related to nicotine pouch use. The proposed 2028 redesign removes all questions assessing lifetime and current use of nicotine pouches. This is particularly concerning given the rapid growth of nicotine pouch products in the U.S. marketplace.⁴ Nicotine pouches have emerged as a major nicotine product category and are increasingly used by youth and young adults.^{5–7} At a time when public health officials are seeking to better understand patterns of initiation, dual use, frequency of use, and transitions between products, eliminating nicotine pouch surveillance would create an unfortunate gap in the evidence base. Therefore, we recommend retaining questions that measure both lifetime and current nicotine pouch use, including measures that allow trends to be monitored over time.

Maintain surveillance of other tobacco products.

The proposed 2028 redesign also removes questions on cigars and smokeless tobacco products. Even if survey length constraints prevent inclusion of detailed product-specific measures, we urge CDC to preserve at least a baseline measure of lifetime use of other tobacco products. In order to do so, we recommend the following survey question with respondents able to select all that apply:

Have you ever used any of the following tobacco products, EVEN ONE TIME?

- Regular cigars, cigarillos, or little filtered cigars
- Smokeless tobacco products
- Nicotine pouches
- E-cigarettes or other electronic vaping products
- Other tobacco products

Maintaining a broad measure of lifetime use would allow those working in tobacco prevention and cessation to identify tobacco product experience, assess patterns of multiple-product use, and preserve continuity with previous years of tobacco surveillance.

Clarify and preserve FDA-sponsored tobacco surveillance content.

In recent years, FDA-sponsored content on the NHIS has provided important information on the use of tobacco products that are not fully captured in the core survey, including cigars, smokeless tobacco products, and nicotine pouches. We note that the proposed 2028 redesign indicates space will be reserved for sponsored content, but it is unclear whether tobacco-related sponsored content will be included or whether limits on questionnaire length will reduce the amount of sponsored content that can be fielded.

We encourage CDC and FDA to maintain sufficient capacity within the 2028 redesign to support ongoing collection of these data. At a minimum, we hope FDA-sponsored content will continue to include measures of use of cigars, smokeless tobacco products, nicotine pouches, and other emerging tobacco products so that researchers and public health groups and practitioners can continue to monitor trends, identify disparities, and assess changes in the rapidly evolving tobacco marketplace. Without clarity regarding the future of sponsored content, there is a risk that important tobacco surveillance measures can be lost at a time when comprehensive monitoring of tobacco product use is critically important.

Conclusion

We appreciate CDC taking these comments into account as it develops the next NHIS. As stated above, we greatly value data from the NHIS. It is critical that we have the appropriate information about tobacco products in order to best determine how to protect the public health from the deadly effects of tobacco, especially as the breadth and variety of tobacco products continues to change. Independent surveillance is a cornerstone of effective tobacco prevention and cessation, providing a stable and trusted source of evidence to detect emerging threats, track progress toward public health goals, and inform policy decisions. We respectfully urge CDC to retain key tobacco surveillance measures, including questions on smoking frequency and intensity, ensure that youth smoking behaviors are adequately captured, ensure regular collection of smoking cessation and quit-behavior measures, preserve nicotine pouch surveillance, and maintain measures of use of other tobacco products. These revisions would help ensure that the NHIS remains a valuable and comparable source of information for researchers, policymakers, and public health practitioners.

Respectfully submitted,

American Academy of Pediatrics
American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Campaign for Tobacco-Free Kids
Truth Initiative

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