NORC at the University of Chicago

2025 Direct-To-Consumer Social Media Rx Advertisement Survey: Consumers

Conducted by NORC at the University of Chicago
With funding from Arnold Ventures

Interviews: 04/2-10/2025

2,230 adults

Margin of sampling error: +/- 2.62 percentage points at the 95% confidence level among all adults

Oversamples were also collected for non-white/BIPOC respondents to achieve efficient sample size for analysis of that group.

NOTE: All results show percentages among all respondents, unless otherwise labeled.

Section 1. Screening

SCREEN_1. Do you currently have any social media accounts?

Social media accounts may include YouTube, Facebook, Instagram, Pinterest, TikTok, LinkedIn, X (Twitter), or others.

If no, terminate

	Frequency
Yes	2330

N=2,330

SCREEN_2. Within the last 30 days, how often did you use any social media?

If never and a couple of times a month, terminate

	Frequency
Several times a day	1,664
Several times a week	487
At least once a week	179
DON'T KNOW	0
SKIPPED ON WEB	0
REFUSED	0

N=2,330

Section 2. General Social Media Use

USE_1. Which social media platforms do you use? *Select all that apply.*

	Frequency
Facebook	1,866
YouTube	1,816
Instagram	1,384
TikTok	878
Pinterest	802
LinkedIn	749
Reddit	632
X (Twitter)	584
Bluesky	212
Another platform not listed here	185

N=2,330

USE_2. In general, what do you use social media for? ***Select all that apply.***

	Frequency
Any (NET)	**2,296**
Entertainment (e.g., watching videos, memes)	1,848
Connecting with friends and family	1,689
Exploring personal interests (e.g., hobbies, travel inspiration, cooking)	1,575
To keep up to date on news and current events	1,297
To find health information and advice (e.g., learning about health topics, joining support groups, following health and wellness influencers)	589
Professional networking (e.g., connecting with colleagues, professional organizations)	489
To promote my business (e.g., advertising, showcasing products or services, engaging with customers)	194
I am a content creator or influencer (e.g., posting original photos/videos to engage followers or monetize content)	115
None of the above	30
DON'T KNOW	0
SKIPPED ON WEB	4
REFUSED	0

N=2,330

Section 3. Health-Related Social Media Use

The next questions will ask some additional questions about your use of social media related to health.

If USE_2 To find health information and advice:

HEALTH_1. Which of the following activities related to health and wellness, if any, do you engage in on social media? *Select all that apply.*

	Frequency
Any (NET)	**537**
Learning about health topics through medical professionals or organizations	353
Following wellness influencers who share tips on fitness, nutrition, or mindfulness	284
Following informational accounts about a specific health condition	236
Following doctors or other health care professionals	235
Connecting with others who have similar health interests or goals	223
Joining support groups for specific health conditions	112
Following patient influencers who have the same health condition as I do	104
Following informational accounts about a specific prescription medication	97
Sharing my own health journey or progress with others	72

	Frequency
None of the above	48
DON'T KNOW	0
SKIPPED ON WEB	4
REFUSED	0

N=589

Section 4. Exposure to Prescription Drug Content on Social Media

EXPOSURE_1. In the past 12 months, how often have you seen ads for prescription medications from pharmaceutical companies on social media?

This includes any promotional materials created and posted directly by pharmaceutical companies on social media platforms to promote their medications or treatments to consumers.

	Frequency
Several times a day	280
Several times a week	438
At least once a week	326
A couple of times a month	436
Never	403
I'm not sure / I don't remember	442
SKIPPED ON WEB	6
REFUSED	0

N=2,330

EXPOSURE _2. In the past 12 months, how often have you seen posts from social media influencers talking about prescription medications?

This includes any content from influencers discussing or promoting prescription medications, whether sponsored by a pharmaceutical company or not (e.g., testimonials, reviews, or general discussions).

	Frequency
Several times a day	129
Several times a week	246
At least once a week	254
A couple of times a month	391
Never	808
I'm not sure / I don't remember	459

	Frequency
SKIPPED ON WEB	42
REFUSED	0

N=2,330

If EXPOSURE _1OR EXPOSURE _2 not ≠ Never OR I'm not sure/I don't remember:

EXPOSURE_3. In the past 12 months, have you actively searched for information about prescription medications on social media?

	Frequency
Yes, I have actively searched for information about prescription medications on social media	278
No, I have not actively searched for information about prescription medications on social media	1,145
I'm not sure / I don't remember	171
SKIPPED ON WEB	9
REFUSED	0

N=1,603

If EXPOSURE _1OR EXPOSURE _2 not ≠ Never OR I'm not sure/I don't remember:

EXPOSURE _4. What information do you usually see included in social media posts about prescription medications in the past 12 months? *Select all that apply.*

This includes posts created by drug companies to promote their medications or treatments, as well as posts by influencers discussing or promoting medications (e.g., testimonials, reviews, or general discussions).

	Frequency
Any (NET)	**1302**
How the medication helps (e.g., benefits for managing or treating certain symptoms)	936
Details about the condition the medication is meant to treat (e.g., information about the disease or symptoms)	761
Information about common side effects (e.g., nausea, headaches, or fatigue)	667
Information about rare but serious side effects (e.g., birth defects, heart problems, or death)	469
Information about how to use the medication (e.g., dosage or how often to take it)	371
None of the above	296
DON'T KNOW	0
SKIPPED ON WEB	5
REFUSED	0

N=1,603

EXPOSURE _5. For which, if any, of the following conditions have you seen ads for prescription medications on social media in the past 12 months? *Select all that apply.*

	Frequency
Any (NET)	**1,492**
Medications for obesity or weight loss such as Ozempic, Wegovy, or Mounjaro	1301
Medications for autoimmune conditions like eczema, plaque psoriasis or Crohn's disease such as Humira, Skyrizi or, Stelara	779
Medications for attention deficit hyperactivity disorder (ADHD), also known as attention deficit disorder (ADD), such as Adderall, Vyvanse, or Ritalin	288
None of the above	808
DON'T KNOW	0
SKIPPED ON WEB	30
REFUSED	0

N=2,330

Section 5. Patient-Provider Interactions

The next questions will ask you about interactions you may have had with a doctor or health care provider in the past 12 months.

INTERACT_1. In the past 12 months, has information you found on social media prompted you to talk to your doctor or health care provider about *starting* a medication you hadn't considered before?

	Frequency
Yes	292
No	2,029
DON'T KNOW	0
SKIPPED ON WEB	9
REFUSED	0

N=2,330

If INTERACT_1=Yes:

INTERACT_1.1. Did this conversation with your doctor or health care provider lead to you being prescribed the medication you asked about?

	Frequency
Yes	144
No	144
DON'T KNOW	0

	Frequency
SKIPPED ON WEB	5
REFUSED	0

N=292

INTERACT_2. In the past 12 months, has information you found on social media prompted you to talk to your doctor or health care provider about ***stopping* a medication you were already prescribed?**

	Frequency
Yes	180
No	2,095
DON'T KNOW	0
SKIPPED ON WEB	55
REFUSED	0

N=2,330

If INTERACT_2= yes:

INTERACT_2.1. Did this conversation with your doctor or health care provider lead to you stopping the medication?

	Frequency
Yes, I stopped taking the medication	93
No, I continued taking the medication	86
DON'T KNOW	0
SKIPPED ON WEB	1
REFUSED	0

N=180

INTERACT_3. In the past 12 months, has information you found on social media prompted you to change your medication (e.g., starting, stopping, or changing dosage) ***without* consulting your doctor or health care provider?**

	Frequency
Yes	125
No	2,168
DON'T KNOW	0
SKIPPED ON WEB	36
REFUSED	0

N=2,330

Section 6. Trust in Social Media Rx Content

TRUST_1. How trustworthy do you find information shared on social media about prescription drugs from each of the following?

	Extremely/ Very trustworthy (NET)	Extremely trustworthy	Very trustworthy	Somewhat trustworthy	A little/ Not trustworthy at all (NET)	A little trustworthy	Not trustworthy at all	I'm not sure	SK	REF
Doctors or other health care providers *(N= 2,330)*	**775**	217	559	648	**619**	397	222	255	31	1
Someone I know personally (e.g., friend or family) *(N= 2,330)*	**581**	118	463	778	**666**	468	199	273	30	1
Pharmaceutical companies *(N= 2,330)*	**166**	30	135	524	**1327**	604	723	281	32	0
Patients or influencers with my health condition *(N= 2,330)*	**146**	28	118	564	**1202**	593	609	386	30	1
Celebrities I follow *(N= 2,330)*	**50**	15	35	197	**1668**	368	1299	377	36	1

Section 7. Importance of Transparency and Regulations

TRANSPARENCY_1. How important is it to you, if at all, that information about potential risks and side effects of prescription medications is visible in social media advertisements from pharmaceutical companies?

	Frequency
Extremely/Very important (NET)	**1,472**
Extremely important	883
Very important	589
Somewhat important	384
A little/ Not important at all (NET)	**311**
A little important	142
Not important at all	169
I'm not sure	156
SKIPPED ON WEB	7
REFUSED	0

N=2,330

TRANSPARENCY_2. How important is it to you, if at all, that social media influencers disclose that they are being sponsored by a pharmaceutical company when promoting a prescription medication?

	Frequency
Extremely/Very important (NET)	**1,545**
Extremely important	1,090
Very important	454
Somewhat important	289
A little/ Not important at all (NET)	**312**
A little important	126
Not important at all	187
I'm not sure	130
SKIPPED ON WEB	54
REFUSED	0

N=2,330

REGULATIONS_1. How important is it to you, if at all, that the government regulate how pharmaceutical companies advertise prescription medications on social media?

	Frequency
Extremely/Very important (NET)	**1,317**
Extremely important	812
Very important	505
Somewhat important	448
A little/ Not important at all (NET)	**332**
A little important	194
Not important at all	138
I'm not sure	183
SKIPPED ON WEB	50
REFUSED	0

N=2,330

RESPONDENTS DEMOGRAPHICS

Gender

	Frequency
Male	1107
Female	1223

N=2,330

Age

	Frequency
18 thru 29	494
30 thru 44	653
45 thru 59	561
60+	623

N=2,330

Race and Ethnicity

	Frequency
White, non-Hispanic	1396
Black, non-Hispanic	276
Other, non-Hispanic	26
Hispanic	422

	Frequency
2+, non-Hispanic	56
Asian-Pacific Islander, non-Hispanic	154

N=2,330

Education

	Frequency
Less than HS	208
HS graduate or equivalent	645
Some college/ associates	627
BA+ (NET)	850
Bachelor's degree	495
Post grad study/professional degree	355

N=2,330

Marital Status

	Frequency
Married	1119
Not Married (NET)	1211
Widowed	79
Divorced	240
Separated	83
Never married	809

N=2,330

Current Employment Status

	Frequency
Employed (NET)	1499
Working - as a paid employee	1315
Working - self-employed	184
Not Employed (NET)	831
Not working - on temporary layoff from a job	22
Not working - looking for work	152
Not working - retired	374
Not working - disabled	142
Not working - other	141

N=2,330

Income

	Frequency
Less than $30,000	494
$30,000 to under $60,000	583
$60,000 to under $100,000	544
$100,000 or more	709

N=2,330

Region

	Frequency
Northeast	395
Midwest	471
South	916
West	547

N=2,330

Metropolitan Area Flag

	Frequency
Non-Metro Area	268
Metro Area	2062

N=2,330

Household Internet Access

	Frequency
Non-internet household	201
Internet Household	2129

N=2,330

Home Ownership

	Frequency
Owned or being bought by you or someone in your household	1571
Rented for cash	682
Occupied without payment of cash rent	77

N=2,330

Type of Building of Panelists' Residence

	Frequency
A one-family house detached from any other house	1556
A one-family house attached to one or more houses	183
A building with 2 or more apartments	479
A mobile home or trailer	101
Boat, RV, van, etc	10

N=2,329

Telephone Service for the Household

	Frequency
Landline telephone only	40
Have a landline, but mostly use cellphone	135
Have cellphone, but mostly use landline	258
Cellphone only	1885
No telephone service	12

N=2,330

Household Size

	Frequency
One person, I live by myself	365
Two persons	707
Three persons	435
Four persons	400
Five persons	194
Six or more persons	229

N=2,330

Presence of Children <18 in Household

	Frequency
'Under 18	708
'6-17	591
'13-17	412
'6-12	336
'<6	231
None	341

N=2,330

SURVEY SPECIFICATIONS

Survey Language

	Frequency
English	2264
Spanish	66

N=2,330

Survey Interview Mode (Online or Phone)

	Frequency
Phone interview	50
Web Interview	2280

N=2,330

Device

	Frequency
Desktop	770
Phone interview (not online)	50
Smartphone	1492
Tablet	18
Unknown	0
Unsupported	0

N=2,330

Study Methodology

This survey was conducted by NORC at the University of Chicago with funding from Arnold Ventures using NORC's AmeriSpeak® Panel for the sample source. This research was done to evaluate the impact of social media marketing of prescription drugs on consumer perceptions and behaviors.

The survey was offered in English and Spanish and was administered in two modes depending on the preference of the respondent provided during the panel recruitment: 1) self-administered by the respondent online via the Web; or 2) administered over the telephone by a live interviewer.

Survey Overview

Study Target Population: U.S. adults age 18+, that have used social media in the last 30 days
Sample Units: 13,986
Completed Units: 2,330
Expected Eligibility Rate: 65%
Observed Eligibility Rate: 83.4%
Margin of Error: ±2.62 percentage points (pp)
Design Effect: 1.66
Survey Field Period: April 2, 2025 - April 10, 2025
Median Duration (minutes): 5

Definitions of the above categories:

Study Target Population: The total set of individuals of interest to which the researcher intends to generalize their conclusions.

Sample Units: The number of panel members selected into the study sample.

Completed Units: The number of sample units that completed the interview based on the study-specific definition of what constitutes a complete interview. This number excludes any cases where an interviewer finished a survey, but the case was removed due to data quality concerns (the process for such removal is detailed later in this report).

Expected Eligibility Rate: The percentage of the sampling population who are expected to meet study eligibility criteria.

Observed Eligibility Rate: The percentage of the sample members who were eligible for the study among those who answered the screening questions.

Design Effect: The design effect is the variance under the complex design divided by the variance under an SRS (simple random sampling) design of the same sample size. The reported design effect is an approximation based on the coefficient of variation of the final survey weights.

Margin of Error: Margin of error is defined as half the width of the 95% confidence interval for a proportion estimate of 50% adjusted for design effect. It is therefore the largest margin of error possible for all estimated percentages based on the study sample.

Survey Field Length: the period from the earliest to the latest contact dates of cases sampled for the survey.

Duration: Length of time for completed interviews. Interview length is calculated differently depending upon whether the interview was conducted over the phone or via the web. For telephone mode, it is the time from when the respondent picks up the telephone until they hang up the telephone. For web interviews, it is the time from when they first connect to the web system to the time they log off the system or become inactive. In the case of multiple contacts, this number represents the sum of those contacts.

Study-specific details

Sampling

A general population sample of U.S. adults aged 18 plus were selected from NORC's AmeriSpeak Panel for this study. Survey respondents that indicated they have been active on social media in the last 30 days were determined to be eligible and met the screening criteria.

Oversamples were also collected for non-white/BIPOC respondents to achieve efficient sample size for analysis of that group.

The sample for a specific study is selected from the AmeriSpeak Panel using sampling strata based on age, race/Hispanic ethnicity, education, and gender (48 sampling strata in total). Sample selection takes into account the expected differential survey completion rates across the sampling strata. The size of the selected sample per stratum is determined such that the distribution of the complete surveys across the strata matches that of the target population as represented by census data. When panelists are selected for an AmeriSpeak survey, the selection process, within each sampling strata, favors those who were not selected in the most recent previous AmeriSpeak survey. This selection process is designed to minimize the number of surveys any one panelist is exposed to and maximize the rotation of all panelists across AmeriSpeak surveys.

For more detailed information on the AmeriSpeak panel recruitment and management methodology, please see the Appendix ("Technical Overview of the AmeriSpeak® Panel NORC'S Probability-Based Household Panel") attached to this AmeriSpeak Project Report**.**

The oversamples in this project have the following outcome measures:

Non-White/BIPOC:

Completed Sample Units (n): 838
Margin of Error: ±4.66 percentage points (pp)
Design Effect: 1.89

Field

A sub-sample of AmeriSpeak web-mode panelists were invited to the survey on April 2, 2025 in a soft-launch. The initial data from the soft-launch was reviewed to confirm that there were no

processing or programming errors. Once reviewed, the remainder of sampled AmeriSpeak panelists were invited to the survey on April 4, 2025. Data collection ended on April 10, 2025.

In total, NORC collected 2,330 of final interviews, 2,280 by web mode and 50 by phone mode. This does not include interviews that may have been removed for data quality purposes (see below).

This final collection of survey completers includes specific oversamples of Non-White/BIPOC (838 of completions). These oversampled groups are weighted down to match their respective proportion in the population in the weighting process (see description of that process later in this report).

Panel & Survey Sample Performance

To meet requirements in the AAPOR Transparency Initiative, we offer performance outcome measures of both the AmeriSpeak Panel and the sample selected from the panel. The AmeriSpeak Panel is a household panel, so recruitment and retention rates are household rates. The survey sample is an individual-level sample pulled from the AmeriSpeak panel, so those are individual-level rates.

Panel Outcome Measures	
Weighted Household Panel Recruitment Rate (WPRecr)	**Weighted Household Panel Retention Rate (WPRet)**
26.1%	77.8%

Weighted Household Recruitment Rate (WPRecr): The weighted AAPOR RR3[1] at the household level for AmeriSpeak panel recruitment. A recruited household is a household where at least one adult successfully completed the recruitment survey and joined the panel.

Weighted Household Retention Rate (WPRet): The weighted percent of recruited households that remain on the panel and are available for sampling for this survey. Unavailable panelists are those who have temporarily or permanently asked to be removed from the panel or from receiving surveys.

Survey Sample Outcome Measures				
Screener Completion Rate (ScrC)	**Incidence/ Eligibility Rate (I)**	**Interview Completion Rate (IC)**	**Survey Completion Rate (SurC)**	**Weighted Cumulative Response Rate (WCR)**
20.0%	83.4%	100.0%	20.0%	4.1%

Screener Completion Rate (ScrC): The percent of eligible sample members invited to the survey who completed the screener question(s) to identify whether they are eligible for the survey, whether or not they screened out of or into the survey. 13,986 panelists

[1]AAPOR RR3 and other response rate calculations can be found here: https://www-archive.aapor.org/Education-Resources/For-Researchers/Poll-Survey-FAQ/Response-Rates-An-Overview.aspx.

were invited to the survey, and 2,793 completed the screener questions to determine eligibility for the survey.

Incidence/Eligibility Rate (I): The percent of those who completed the screener questions(s) who, based on their responses to the screener question(s), is determined to be eligible to take the survey. Of the 2,793 invited panelists completed the screener questions to determine eligibility for the survey, 2,330 were determined eligible for the survey based on their response.

Interview Completion Rate (IC): The percent of eligible sample members who completed the survey interview. Of the 2,330 invited panelists who were determined to be eligible for the survey, 2,330 completed the survey. To be an interview completer, a respondent had to go through the entire survey and meet the standards of data quality review, as discussed later in this report

Survey Completion Rate (SurC): The overall completion rate at the survey stage of those invited, taking into consideration that not all invited were eligible. To achieve this, this includes the screener completion rate and the interview completion rate (SurC = ScrC x IC)

Weighted Cumulative Response Rate (WCR): The overall survey response rate that accounts for survey outcomes in all response stages (e.g., screener completion rate and interview completion rate), *plus* it includes panel outcome measures such as panel recruitment rate and panel retention rate. This overall rate is weighted to account for the sample design and differential inclusion probabilities of sample members. *(WCR=SurC x WPRet x WPRecr)*

Gaining Cooperation of AmeriSpeak Panelists for the Study

If invited, AmeriSpeak panelists can take the survey online through the password-protected AmeriSpeak Mobile App, the password-protected AmeriSpeak Web portal, or by following a link in the e-mail invitation sent to them.

NORC sent the initial invitations on April 2, 2025 to the soft launch sample panelists and on April 4, 2025 to the remaining sampled panelists. To encourage study participation, NORC sent email reminders to sampled web-mode panelists on the following schedule:

- Email reminders were sent three (3) days after initial invite email, and then every five (5) days thereafter.
- A Last Chance email reminder was also sent the day before the end of the field period on April 10, 2025.

To administer the phone survey, NORC dialed sampled panelists who prefer to take surveys on the phone from April 8, 2025 to April 10, 2025. Although most panelists who have stated a preference to take the survey on the phone do take them in that mode, they also have the option of taking the survey online via the web portal or the AmeriSpeak App or can ask the interviewer to e-mail them an invite instead. These rare phone-preferred panelists who end up taking the survey online are coded in the data based on the mode they took the survey, not their previously stated mode preference.

Panelists were offered the cash equivalent of $2 for completing this survey.

Data Processing & Data Quality Review

NORC prepared a fully labeled data file of respondent survey data and demographic data for Arnold Ventures.

NORC applied cleaning rules to the survey data for quality control. In total, 70 cases were removed from the final set of completed interviews based on three cleaning rules. Descriptions of the cleaning criteria and the counts from each are below (counts are overlapping).

- Removing Speeders (i.e., those that completed the survey in less than one-third the median duration)
  - 59 removed for speeding
- Removing Respondents with High Refusal Rates (i.e., those that skip or refused more than 50% of the eligible questions)
  - 23 removed for high refusal rates

Of those 70 cases removed:

- 58 cases were marked with one of the two flags above
- 12 cases were marked with two of the two flags above

AmeriSpeak is a probability-based panel, where respondents must be chosen by us to join, where access to surveys is controlled by the panelist secure log-in information to a web portal or app. E-mails, text invitations, or interview-operated telephone calls go directly to the address/number of the recruited panelist. When being called by phone, the panelist is requested by name. The way AmeriSpeak surveys are programmed and panelists are invited, panelists cannot take the survey more than once, and each panelist is always identifiable based on a unique ID. For these reasons, AmeriSpeak does not suffer the problem of "bots," fabricated profiles, non-invited respondents, or individuals or members of the household repeatedly and illegitimately taking the same survey.

Statistical Weighting

The final weight variable that is delivered with the data is a product of three weights:

AmeriSpeak Panel Weights: Weights developed for all panel members to account for their probability of selection into the sample of panel recruits, panel recruitment nonresponse adjustments, and poststratification adjustments of the recruited panel to match population benchmarks.

Study Specific Base Weights: Sampling weights developed for a study sample selected from the panel to account for their selection probabilities under the sample design. The base weights are a product of the AmeriSpeak Panel Weights and the inverse of selection probabilities associated with sample selection from the panel.

Study Specific Final Weights: These are final weights developed for all completed cases of a specific study. The final weights are adjustments of the base weights to address survey nonresponse through a weighting class method. Raking adjustments are then applied to the non-response adjusted weights to align the survey sample to specific population benchmarks. The final weights may be trimmed to reduce the influence of extreme weights on survey estimates.

The following information goes deeper into the specifics of each of the weights. You can also find an even deeper discussion of the development of weights in the AmeriSpeak Panel Technical overview report in the Appendix of the Project Methods and Transparency Report.

AmeriSpeak Panel Weights: Since the sampling frame for this study is the AmeriSpeak Panel, which itself is a sample, the starting point of the weighting process for the study is the AmeriSpeak panel weight[2]. To develop the panel weight, NORC first computed the panel base weight as the inverse of the probability of selection from the NORC National Frame (the sampling frame that is used to sample housing units for AmeriSpeak) or other address-based sample frames (supplemental panel samples were selected from frames developed from the USPS Delivery Sequence Files). The sample design and recruitment protocol for the AmeriSpeak Panel involve unequal sampling rates across the sampling strata and additional subsampling of initial nonresponding housing units for in-person nonresponse follow-up (NRFU). The panel base weights reflect all the variations in panel sample selection probabilities. The panel base weights are then adjusted to account for unknown eligibility and nonresponse among eligible housing units. These adjustments were conducted using weighting classes defined by some household characteristics provided by commercial data vendors, including partisan score, political party identification, the presence of young adult(s), and minority status. To produce the final household panel weights, the household-level nonresponse adjusted weights are post-stratified to match the number of households per census division obtained from the most recent Current Population Survey (CPS). Final household weights are assigned to each eligible adult in the recruited household. These person-level weights are then adjusted to compensate for nonresponding adults within a recruited household. Finally, the nonresponse adjusted person-level panel weights are raked to population totals associated with the following variables:

Variables & the Variable Categories for Panel Recruitment Non-Response Raking

Age: 18-24, 25-29, 20-39, 40-49, 50-59, 60-64, and 65+

Gender: Male and Female

Census Division: New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, and Pacific

Race: White, Black, AAPI, Other

Ethnicity: Hispanic, Not Hispanic

Education: Less than High School, High School/GED, Some College, and BA and Above

Housing Tenure: Homeowner and Other

Household phone status: Cell Phone-only, Dual User, and Landline-only/Phoneless

Age x Gender: 18-34 Male, 18-34 Female, 35-49 Male, 35-49 Female, 50-64 Male, 50-64 Female, 65+ Male, and 65+ Female

[2] The AmeriSpeak panel weight existed prior to this study; the weighting procedures are described here for clarity and completeness.

Age x Race/Ethnicity: 18-34 Non-Hispanic White, 18-34 All Other, 35-49 Non-Hispanic White, 35-49 All Other, 50-64 Non-Hispanic White, 50-64 All Other, 65+ Non-Hispanic White, and 65+ All Other

California Adjustment: Californian Non-Hispanic AAPI or Non-Hispanic Black; Californian Other; Non-Californian Non-Hispanic AAPI or Non-Hispanic Black; Non-Californian Other

The external population totals are obtained from the Current Population Survey, except for Household Phone Status, which is determined by the National Center for Health Statistics (NCHS) bi-annual survey on wireless substitutions.[3] The weights adjusted to the external population totals are the *final panel weights*.

Study Specific Base Weights: These are developed to adjust for unequal selection probabilities from the AmeriSpeak panel, differential nonresponse across subpopulations, and frame coverage limitations. All these weighting adjustments are applied to the final panel weights described above.

The sample for this study is selected from the AmeriSpeak Panel using sampling strata (see the description of the sampling strata for this study earlier in this report). Sample selection takes into account the expected differential survey completion rates across these strata based on average completion rates in previous surveys. This sample selection based on expected nonresponse ensures a more representative final sample of completed interviews. However, the net result of the sampling design is an unequal selection probability that varies depending on the strata a respondent represents. *Study-specific base weights* are computed as the product of the final panel weights and the inverse of the probabilities of selection under the study sample design.

Finally, **Study Specific Final Weights** are created by first adjusting the base weights for nonresponse and then raking the nonresponse adjusted base weights to known population benchmarks. This survey includes 2 screener questions to define the targeted study population of general population age 18+, that have used social media in the last 30 days and no known or reliable benchmarks are available for this targeted population. As a result, raking adjustments for this study involve two steps. The first is a raking adjustment of screener completes to align them with population benchmarks for age 18+ respondents that have used social media in the last 30 days. Once screener completes are adjusted to population benchmarks of those invited to answer the screener questions, we use the weighted counts of the survey eligible respondents to define the benchmarks for the target population for our study. The nonresponse adjusted weights are then raked for survey completes to align them to estimated benchmarks derived from the screener completes. In both raking adjustments, the raking to general population benchmarks and the raking to estimated target population benchmarks, the following variables and variable categories are used in the raking procedure:

Variables & the Variable Categories for Study-Specific Survey Non-Response Raking

Race/Ethnicity: Non-Hispanic White, Non-Hispanic Black, Hispanic, Non-Hispanic Other

[3] Blumberg SJ, Luke JV. Wireless substitution: Early Release of Estimates from the National Health Interview Survey, January-June 2022. National Center for Health Statistics. December 2022. Available from: https://www.cdc.gov/nchs/nhis.htm

Race/Ethnicity X Age: Non-Hispanic White and Age 18-24, Non-Hispanic White and Age 25-29, Non-Hispanic White and Age 30-39, Non-Hispanic White and Age 40-49, Non-Hispanic White and Age 50-59, Non-Hispanic White and Age 60-64, Non-Hispanic White and Age 65+, All Other and Age 18-24, All Other and Age 25-29, All Other and Age 30-39, All Other and Age 40-49, All Other and Age 50-59, All Other and Age 60-64, All Other and Age 65+

Race/Ethnicity X Sex: Non-Hispanic White and Male, Non-Hispanic White and Female, All Other and Male, All Other and Female

Race/Ethnicity X Division: Non-Hispanic White and New England, Non-Hispanic White and Middle Atlantic, Non-Hispanic White and East North Central, Non-Hispanic White and West North Central, Non-Hispanic White and South Atlantic, Non-Hispanic White and East South Central, Non-Hispanic White and West South Central, Non-Hispanic White and Mountain, Non-Hispanic White and Pacific, All Other and New England, All Other and Middle Atlantic, All Other and East North Central, All Other and West North Central, All Other and South Atlantic, All Other and East South Central, All Other and West South Central, All Other and Mountain, All Other and Pacific

Race/Ethnicity X Educ: Non-Hispanic White and Less than High School, Non-Hispanic White and High School/GED, Non-Hispanic White and Some College, Non-Hispanic White and BA and Above, All Other and Less than High School, All Other and High School/GED, All Other and Some College, All Other and BA and Above

Age x Sex: 18-34 Male, 18-34 Female, 35-49 Male, 35-49 Female, 50-64 Male, 50-64 Female, 65+ Male, 65+ Female

These sociodemographic characteristics are weighted to benchmarks from the March 2024 CPS.[4]

Raking and re-raking are done during the weighting process so that the weighted demographic distribution of the survey completes resembles the demographic distribution in the target population. The assumption is that the key survey items are related to the demographics. Therefore, by aligning the survey respondent demographics with the target population, the key survey items should also be in closer alignment with the target population.

Survey weights are developed to reduce estimation bias that could arise from unequal selection probabilities, nonresponse, and frame coverage errors. However, excessive weight variation could increase the total sampling error by inflating the variance of the estimates. For that reason, at the final stage of the weighting process, extreme final weights may be trimmed so that extreme weights do not overly influence the survey estimates. Again, a more detailed discussion of our approach to trimming can be found in the Appendix of this report. Weights after trimming are re-raked to the same population totals to produce the **final study weights**.

Additional Oversample Weights

This survey includes an oversample of non-White/BIPOC which was weighted down to its proportions in the overall population in the final main study weights. Some survey packages are not able to recognize weight variations and do not leverage the full potential of an oversample when testing for statistical significance. The basic SPSS package (without the additional Complex Samples Module) has this limitation, while SAS, Stata, and most R packages do not.

[4] The Current Population Survey used is either the February CPS or the March Supplement, usually based on which is most recent.

Since we are delivering this data in an SPSS format, we have included a second weight variable to address this. The oversample variable in the delivered data has the following variable name: WEIGHT_RACE. The weight values in an oversample weight variable scale up the oversampled group(s) to their actual unweighted sample size. Analyzing the data using this weight variable should only occur when analyzing the oversampled group or any subgroup that is wholly composed of the oversampled group, or when comparing the oversampled with a group outside of that oversample. It is inappropriate to use the oversample weight variable when analyzing the overall survey sample or any subgroup that overlaps (does not fit completely within or without) an oversampled group. Using this weight variable in this inappropriate way will lead to incorrect results that are skewed toward the results of the oversampled groups. It is important to note that, when analyzing the oversampled group, results will be the same whether one is using the oversample weight variable or the main weight variable. This difference is limited to the margin of error attained in data from the oversampled and non-oversampled groups. Without the use of this weight, the margin of error for the oversampled group would be (typically) much larger than the true value, and the margin of error for the non-oversampled group would be lower. In addition, as the main weight will reduce the effective sample size of the oversampled group, it can be the case that using this weight would lead to significant rounding errors, particularly in oversampled of very small populations (e.g., 5%).

Benchmark Comparisons

The following table shows the weighted and unweighted estimates for key demographics and compares them to population benchmarks.[5]

Demographic Category	Subcategory	Unweighted (%)	Weighted (%)	Benchmark (%)
Age	18 - 24	8.5	12.4	12.4
	25 - 29	8.0	8.8	8.8
	30 - 39	19.9	18.2	18.2
	40 - 49	15.5	17.3	17.3
	50 - 59	14.5	16.6	16.6
	60 - 64	10.2	7.4	7.4
	65 Plus	23.4	19.4	19.4
Sex	Male	48.5	47.5	47.5
	Female	51.5	52.5	52.5
Education Status	Less than High School	6.1	8.9	8.9
	High School Equivalent	20.4	27.7	27.7
	Some College/Associate Degree	36.7	26.9	26.9
	Bachelor's or Higher	36.8	36.5	36.5

[5] Because we trim the weights to remove extreme weights and hold down weight variation, the final study weights may end up deviating from exact populations benchmarks by small but acceptable amounts. Even without trimming, there can be a limit in the ability to perfectly match benchmarks along all variables and categories included in the raking procedure. Our goal is to rake as close as possible before trimming.

Demographic Category	Subcategory	Unweighted (%)	Weighted (%)	Benchmark (%)
Race/Ethnicity	Non-Hispanic White	64.0	59.9	59.9
	Non-Hispanic Black	10.9	11.8	11.8
	Hispanic	18.2	18.1	18.1
	All other	7.0	10.1	10.1