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# How Do Americans View Childhood Vaccines, Vaccine Research and Policy?

*Nearly two-thirds have high confidence in vaccine effectiveness, and about half trust their safety testing and schedule; Republican support for school vaccine requirements continues to slide*

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## How we did this

Pew Research Center conducted this study to understand Americans' views on childhood vaccines, vaccine research and vaccine policy. For this analysis, we surveyed 5,111 adults from Oct. 20 to 26, 2025. Everyone who took part in this survey is a member of the Center's American Trends Panel (ATP), a group of people recruited through national, random sampling of residential addresses who have agreed to take surveys regularly. This kind of recruitment gives nearly all U.S. adults a chance of selection.

Interviews were conducted either online or by telephone with a live interviewer. The survey is weighted to be representative of the U.S. adult population by gender, race, ethnicity, partisan affiliation, education, presidential vote (among voters) and other factors. [Read more about the ATP's methodology.](#)

Here are the [questions used](#) for this report, the [topline](#) and the [survey methodology](#).

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# How Do Americans View Childhood Vaccines, Vaccine Research and Policy?

*Nearly two-thirds have high confidence in vaccine effectiveness, and about half trust their safety testing and schedule; Republican support for school vaccine requirements continues to slide*

## Key takeaways

- A majority of Americans (63%) are highly confident that childhood vaccines are effective at preventing serious illness. And majorities say these vaccines protect both vaccinated children (69%) and the wider community (65%), though larger shares of Democrats than Republicans hold these views.
- By comparison, smaller shares of U.S. adults – and Republicans in particular – are extremely or very confident that childhood vaccines have gotten enough safety testing (53%) or that the vaccine schedule is safe (51%).
- Overwhelming majorities of both Democrats (92%) and Republicans (78%) say the benefits of the measles, mumps and rubella (MMR) vaccine outweigh the risks. Still, among Republicans, this share is down from 91% in 2016.
- Republican support for MMR vaccine school requirements also continues to slip, from 79% in 2019 to 52% today.
- Democrats are far more likely than Republicans to say medical scientists should have a major role in childhood vaccine policy decisions. In turn, Republicans are much more likely than Democrats to say parents of young children should have a major role.

In a year that has seen [evolving federal vaccine recommendations](#) and [historic measles outbreaks](#), 63% of Americans have high confidence in the effectiveness of childhood vaccines. But trust dips somewhat when it comes to their safety testing (53%) and schedule (51%). This drop-off is especially pronounced among Republicans.

A new Pew Research Center survey asked Americans about their views on childhood vaccines, vaccine research and related policy. This study

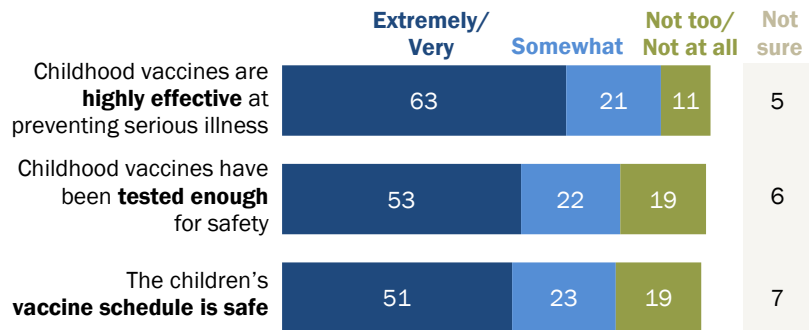
builds on the Center's broader work tracking Americans' attitudes about [vaccines](#), and [trust in science](#). This analysis covers findings on the following topics:

- [Confidence in childhood vaccine effectiveness and safety](#)
- [Views of MMR vaccine safety and school requirements](#)
- [What influences medical scientists' research on childhood vaccines?](#)
- [Who should influence childhood vaccine policy?](#)
- [To what extent do childhood vaccines protect children and communities?](#)

**Related:** [How have changes to CDC recommendations influenced Americans' COVID-19 vaccine decisions?](#)

## Majority of Americans are confident that childhood vaccines are highly effective against serious illness

% who say that, thinking about childhood vaccines in general, they are \_\_\_ confident that ...



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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## Confidence in childhood vaccine effectiveness and safety

A majority of Americans (63%) are extremely or very confident that childhood vaccines are highly effective at preventing serious illness, with Democrats and Democrat-leaners much more likely than Republicans and Republican-leaners to express a high level of confidence (80% vs. 48%).

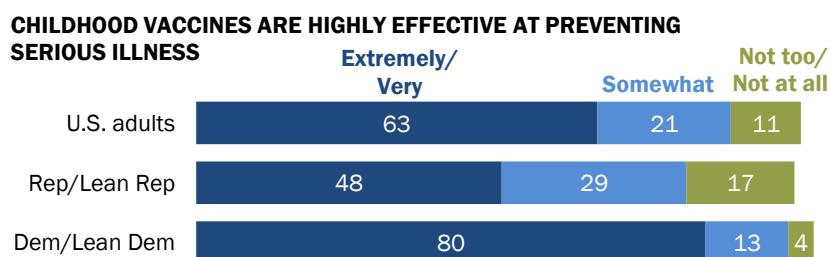
**Overall, there's somewhat less certainty, and more *uncertainty*, about these vaccines' safety testing and schedule** – that is, the timing and number of vaccines children get. About half of Americans are extremely or very confident that childhood vaccines have been tested enough for safety (53%) or that the schedule is safe (51%). On the flip side, about one-in-five are not too or not at all confident in either.

**This doubt is heavily driven by Republicans, who are divided between high and low confidence in childhood vaccine safety.**

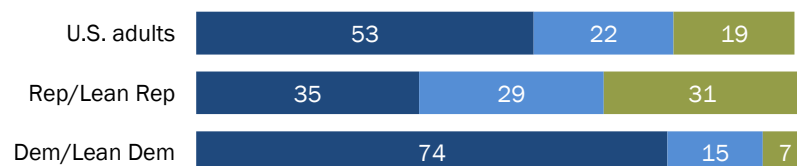
For instance, 32% of Republicans have high confidence in the vaccine schedule's safety, and 31% have low confidence. Democrats are much more aligned: 71% have high confidence and 7% have low confidence in the schedule's safety.

### Democrats are far more confident than Republicans that childhood vaccines are effective and safe

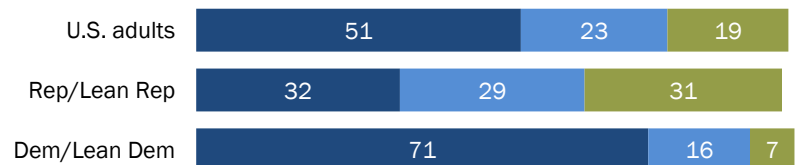
*% who say that, thinking about childhood vaccines in general, they are \_\_\_ confident that ...*



### CHILDHOOD VACCINES HAVE BEEN TESTED ENOUGH FOR SAFETY



### THE CHILDREN'S VACCINE SCHEDULE IS SAFE



Note: Respondents who said "Not sure" or did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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### Views by demographic group

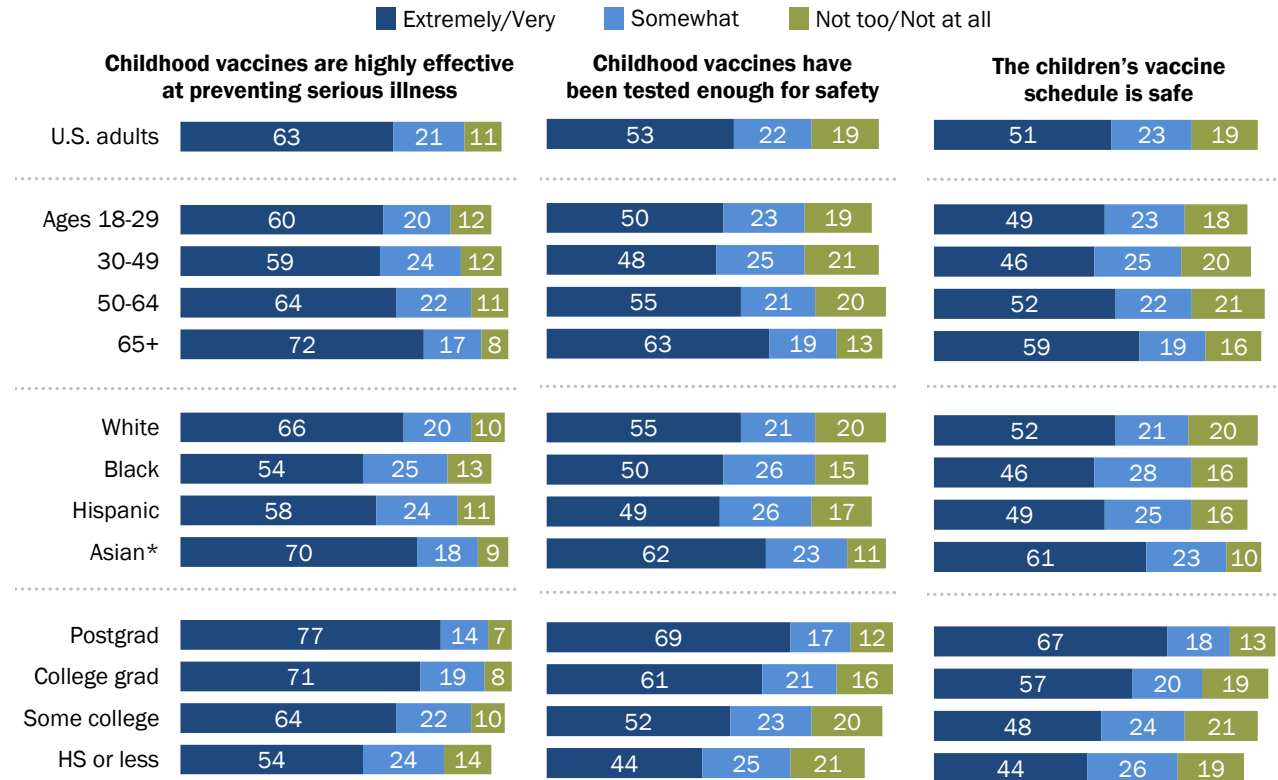
- **Age:** Across all three vaccine dimensions we asked about, **older adults are somewhat more likely than younger ones to trust childhood vaccines.** For example, 63% of people ages 65 and older express high confidence in vaccine safety testing, compared with about half of adults under 50 (49%).
- **Race and ethnicity:** Asian (70%) and White (66%) adults are more likely to be highly confident childhood vaccines are effective against serious illness, compared with Black (54%) and Hispanic (58%) adults. When it comes to trust in their safety testing and schedule, Asian adults are more likely than other racial or ethnic groups to be extremely or very confident.
- **Education:** Adults with more education are more likely than those with less education to express trust in the effectiveness, safety and schedule of childhood vaccines. For example, two-thirds of adults with a postgraduate degree say they are highly confident in the vaccine schedule, compared with less than half of those who have a high school education or less (44%).

**But low confidence in vaccine safety testing and the schedule is not limited to adults with a high school degree or less.** For example, similar shares of Americans with a four-year college degree (19%), some college (21%) or high school degree or less (19%) are not too or not at all confident in the vaccine schedule's safety.



## Higher confidence in childhood vaccines among older Americans and those with more education

% who say that, thinking about childhood vaccines in general, they are \_\_\_ confident that ...



\* Estimates for Asian adults are representative of English speakers only.

Note: Respondents who said "Not sure" or did not give an answer are not shown. White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanic adults are of any race.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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**Parents of children under age 18**, who are in the thick of childhood vaccine decisions, are slightly more likely than adults without minor children to have low confidence in the effectiveness, safety testing and schedule of these vaccines. For example, 24% of parents have low confidence in the safety of the childhood vaccine schedule, compared with 17% of adults who don't have minor children.

For more on parents' views on childhood vaccines, refer to this additional analysis: [\*Parents' confidence in childhood vaccine effectiveness, safety testing and schedule\*](#)

## Views of MMR vaccine safety and school requirements

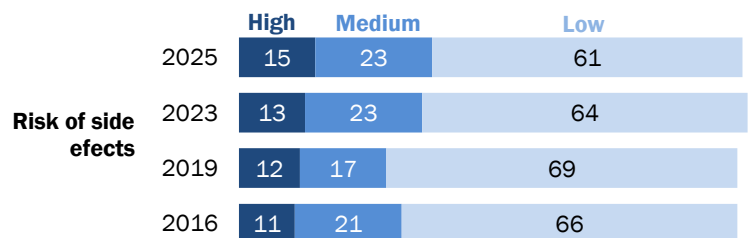
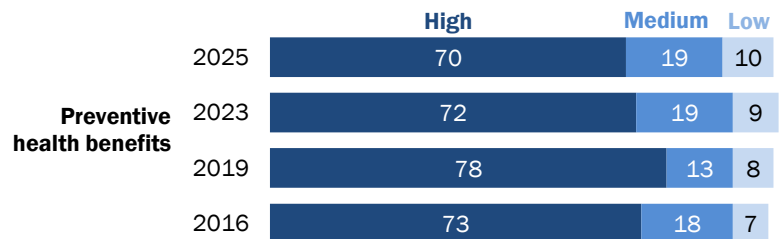
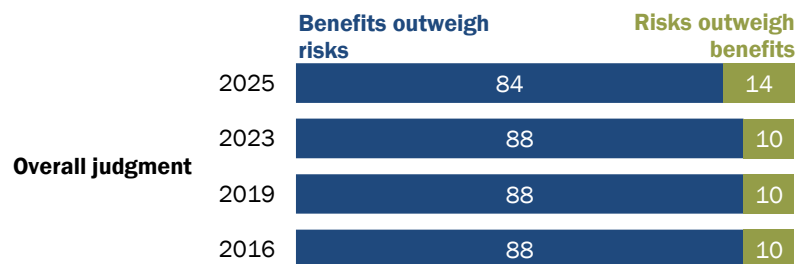
U.S. measles cases in 2025 reached their [highest level in more than two decades](#), with the vast majority of reported cases occurring among unvaccinated people. The measles, mumps and rubella (MMR) vaccine has been part of routine child immunization in the United States [since the 1970s](#). But the [share of children receiving it](#) has dipped in recent years, according to CDC data.

**Still, Americans' positive views on the MMR vaccine have largely held since we first started asking about this in 2016.** A solid majority (84%) says its benefits outweigh its risks. And seven-in-ten say the vaccine's preventative health benefits are high or very high, while just 15% say the same about the risk of side effects.

Overwhelming majorities of both Democrats (92%) and Republicans (78%) say that the MMR vaccine's benefits outweigh its risks. Yet Republicans are more likely than Democrats to rate the risk of side effects as high (20% vs. 9%) and less likely to say the preventative health benefits are high (62% vs. 80%).

### 84% of Americans say the benefits of the MMR vaccine outweigh the risks

*% of U.S. adults who say the following about childhood vaccines for measles, mumps and rubella (MMR)*



Note: Respondents who did not give an answer are not shown.  
Source: Survey of U.S. adults conducted Oct. 20-26, 2025.  
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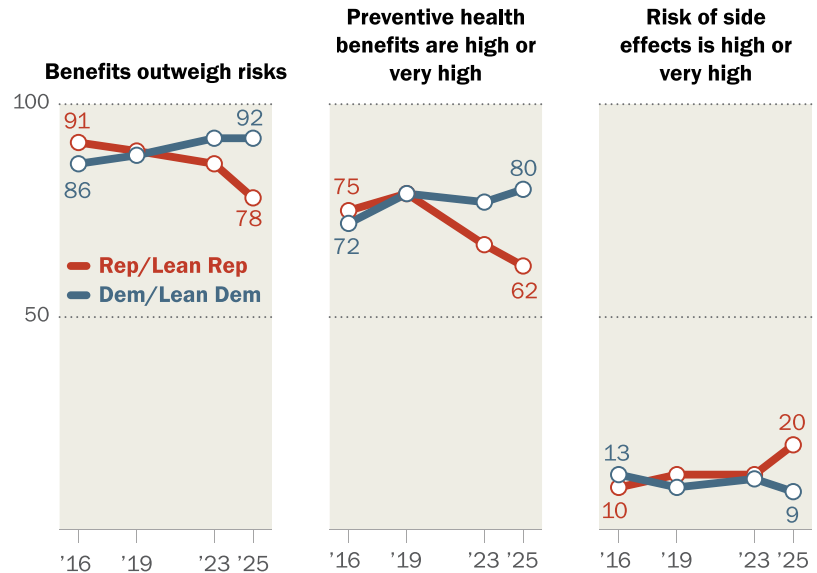
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And Republicans have grown less positive about the MMR vaccine over time. In 2016, 75% of Republicans rated its preventive health benefits of highly, compared with 62% today.

Refer to the [appendix](#) for views of the MMR vaccine by demographic group.

## Since 2019, Republicans and Democrats have diverged in their views of the MMR vaccine

% who say the following about childhood vaccines for measles, mumps and rubella (MMR)



Note: Respondents who gave other responses or did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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## School MMR requirements

The MMR vaccine is currently required for children to enter public school [in every state](#), but school vaccine policies have been a flashpoint of debate as Florida plans to [eliminate school vaccine requirements](#).

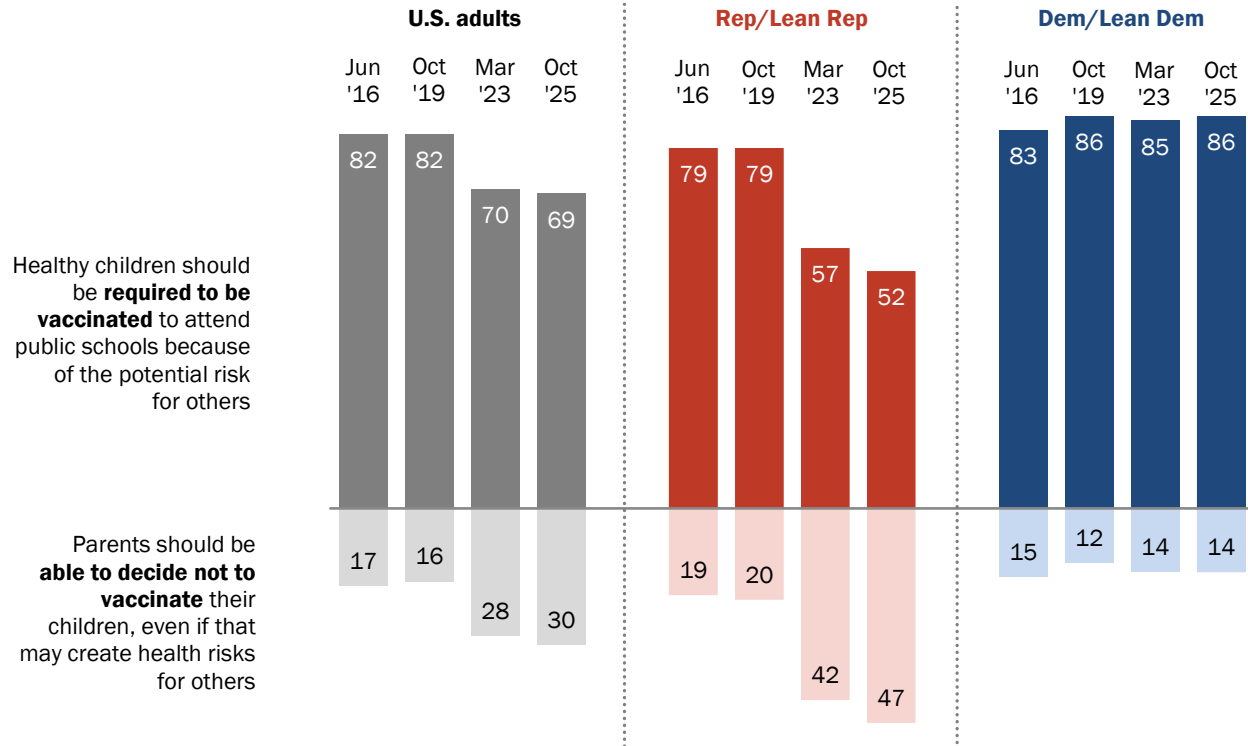
Since 2016, a vast majority of U.S. adults have said healthy children should be required to get the vaccine to attend public school because of the potential risks for others when children are not vaccinated. **But support for school MMR requirements dropped from 82% in 2019 to 69% in 2025.**

**This decline is largely because of a steep slide in support among Republicans.** In 2019, before the [COVID-19 pandemic](#), 79% of Republicans said healthy children should be required to get the MMR vaccine to attend school. This share sunk to 57% in 2023, then to 52% in 2025. In contrast, Democrats' views on school MMR requirements have remained stable, with solid majority support.

*For views on school vaccine requirements by demographic group, refer to the [appendix](#).*

## Republican support for public school MMR vaccine requirements continues to slide

% who say the following about childhood vaccines for measles, mumps and rubella (MMR)



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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## What influences medical scientists' research on childhood vaccines?

Beyond trust in childhood vaccines, this survey also looks at Americans' impressions of the scientists who study them. Previous Center research has found that U.S. adults [largely trust medical scientists](#) to act in the public's interest.

When it comes to research on childhood vaccine risks and benefits, a vast majority (87%) say medical scientists' findings are **influenced by the best available scientific evidence** either most of the time (49%) or some of the time (38%).

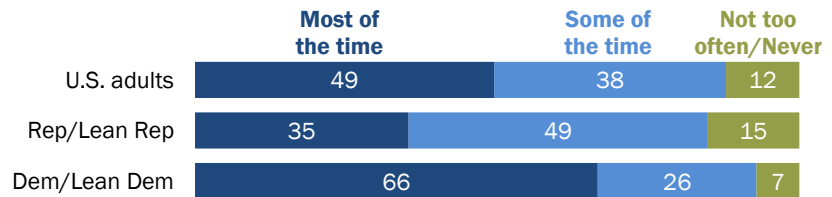
Similarly, 85% say their research is **influenced by concern for the best interests of children's health** at least some of the time.

Majorities also see the interests of **pharmaceutical companies** (77%) and scientists' own **political leanings** (64%) as influential at least some of the time. Smaller shares say these factors influence childhood vaccine research *most* of the time, compared with the role of scientific evidence and concern for children's health.

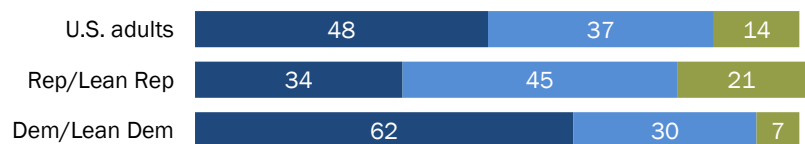
### Views of what influences medical scientists' childhood vaccine research findings differs by party

*% who say research findings from medical scientists about the health risks and benefits of childhood vaccines are influenced by each of the following ...*

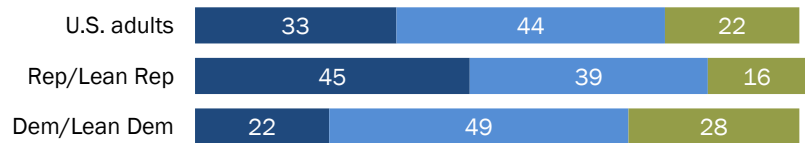
#### THE BEST AVAILABLE SCIENTIFIC EVIDENCE



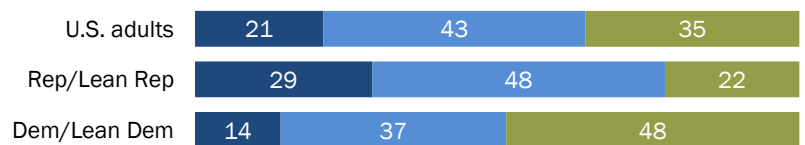
#### CONCERN FOR THE BEST INTERESTS OF CHILDREN'S HEALTH



#### THE INTERESTS OF PHARMACEUTICAL COMPANIES



#### THEIR OWN PERSONAL POLITICAL LEANINGS



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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Partisans disagree about how often these factors influence medical scientists' research:

- Democrats are much more likely than Republicans to say scientists are influenced most of the time by the best available scientific evidence (66% vs. 35%) and by the best interests of children's health (62% vs. 34%).
- But Republicans are more likely than Democrats to say scientists are influenced most of the time by the interests of pharmaceutical companies (45% vs. 22%) or by their own political leanings (29% vs. 14%). The shares of Republicans saying medical scientists are influenced this much by concern for children and the best scientific evidence have dropped since 2016 (-18 and -13 percentage points, respectively).

## Who should influence childhood vaccine policy?

Many groups – from scientists to parents to government and heads of industry – have a stake in childhood vaccine policy. How much influence do Americans think they should have?

### Americans largely say medical scientists should play a major role in childhood vaccine policy.

Roughly three-quarters say scientists should have a major role in these decisions.

A smaller majority (59%) see a major role for **parents of young children** in vaccine policy decisions.

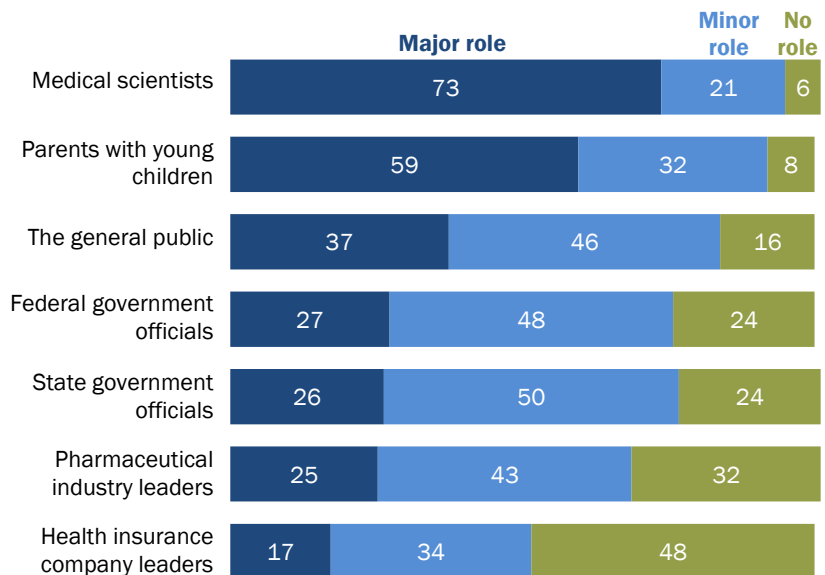
Around four-in-ten or fewer say the general public (37%), federal officials (27%), state officials (26%), pharmaceutical leaders (25%) or health insurance providers (17%) should play a major role.

About half of Americans say **health insurance company**

**leaders should have no role** in making decisions on childhood vaccine policy.

### 73% of U.S. adults say scientists should have a major role in policy decisions about childhood vaccines

*% of U.S. adults who say each of the following should have (a) \_\_\_ in making decisions about policy issues related to childhood vaccines*



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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## Views by party

Previous Center work has found that Democrats are more likely than Republicans to support scientists playing an active role in [policy debates about scientific issues](#).

Similarly, a much larger share of Democrats (85%) than Republicans (62%) say medical scientists should have a major role in decisions about childhood vaccine policy.

Views are reversed when it comes to the role of parents with young children.

**Republicans are far more likely than Democrats to say parents of young children should have a major role in policy decisions about childhood vaccines (71% vs. 46%).**

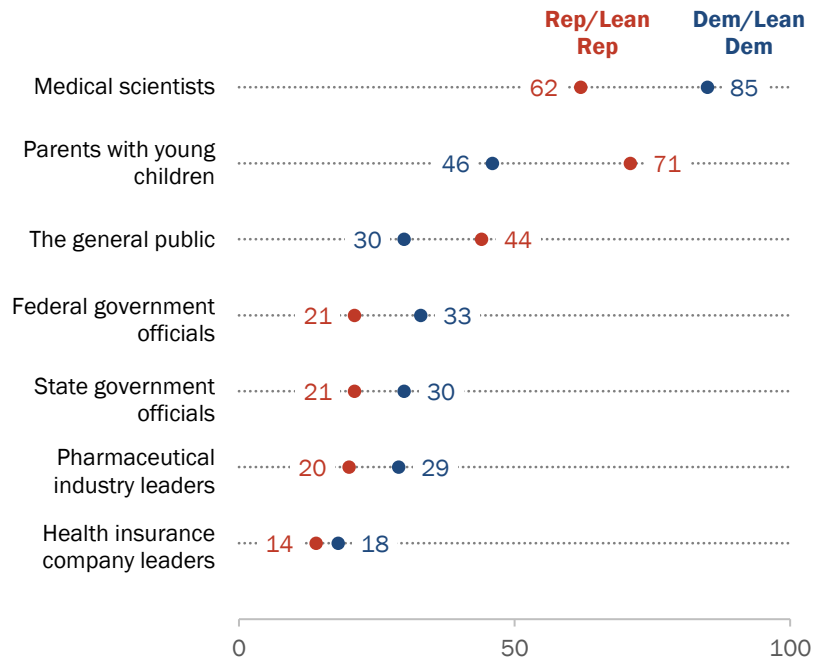
There are smaller partisan differences for the other groups we asked about. For example, 44% of Republicans say the general public should play a major role, compared with 30% of Democrats. And small shares in both parties say health insurance company leaders should have a major role (14% Republicans and 18% Democrats).

## Views by education

**Adults with more education are more likely to say medical scientists should have a major role in childhood vaccine policy decisions.** Americans with a postgraduate degree (86%) overwhelmingly hold this view, compared with a smaller majority among those who have a high school education or less (65%).

## Far more Republicans than Democrats say parents with young children should have a major role in policy decisions about childhood vaccines

*% who say each of the following should have a **major role** in making decisions about policy issues related to childhood vaccines*



Note: Respondents who said "A minor role," "No role" or who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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Adults with a high school education or less are more likely than those with at least a four-year college degree to support a major role for parents with young children (68% vs. 49%).

## To what extent do childhood vaccines protect children and communities?

Vaccines can protect a vaccinated child from serious illness, but broad vaccine coverage also protects the wider community – a concept often called “[herd immunity](#).”

Mirroring their overall confidence in childhood vaccine effectiveness, majorities of U.S. adults see both of these preventive qualities. About seven-in-ten say childhood vaccines help prevent serious illness among vaccinated children a great deal or quite a bit. A similar share (65%) say the same about vaccines protecting everybody in the local community.

Both parties share these attitudes at least somewhat, though they are more common among Democrats than Republicans.

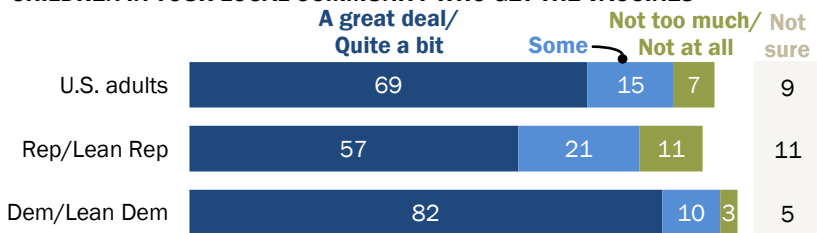
- Democrats overwhelmingly think childhood vaccines do a lot to prevent illness among children (82%) and across the local community (80%).
- Republicans’ views are more tepid: 57% say these vaccines do a lot to protect vaccinated children, while 52% say they do a lot to protect the community. Roughly one-in-ten say childhood vaccines *do not help much or at all* on these fronts.

Older adults and those with more education are more likely than younger and those with less education to say childhood vaccines protect both vaccinated children and the broader community, though majorities across age and education groups still say this is the case.

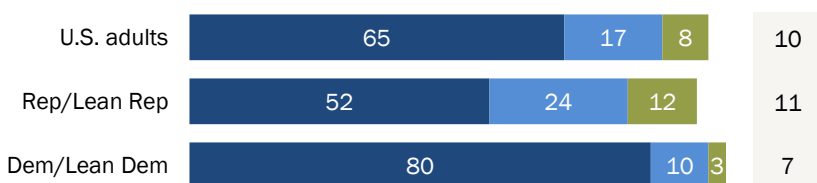
### About two-thirds of Americans say childhood vaccines help protect both vaccinated children and the local community from serious illness

*% who say childhood vaccines help to prevent serious illness among each of the following ...*

#### CHILDREN IN YOUR LOCAL COMMUNITY WHO GET THE VACCINES



#### EVERYBODY IN YOUR LOCAL COMMUNITY



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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## Parents' confidence in childhood vaccine effectiveness, safety testing and schedule

### Key takeaways

- A majority of U.S. parents with minor children (57%) are extremely or very confident that childhood vaccines are highly effective at preventing serious illness.
- Somewhat smaller shares are highly confident that these vaccines have gotten enough safety testing (44%) or that the vaccine schedule is safe (41%).
- Republican parents are far less likely than Democratic parents to have high confidence in childhood vaccine effectiveness (45% vs. 71%), safety testing (29% vs. 63%) and the vaccine schedule (27% vs. 58%).
- Parents with more education are generally more likely than those with less education to express high confidence in childhood vaccines. Still, about one-in-five parents with a four-year college degree and 14% of postgraduates are not too or not at all confident that childhood vaccines have gotten enough testing for safety.
- Older parents are more likely than younger parents to have high confidence in childhood vaccines' effectiveness, safety testing and schedule.

Amid a [record number of U.S. measles cases](#) and [falling childhood vaccination rates](#) nationwide, 57% of U.S. parents with minor children have high confidence that childhood vaccines are effective at preventing illness. But trust in these vaccines – and confidence in different aspects of them – differs by parents’ demographic characteristics and party affiliation.

A new Pew Research Center analysis looks at parents’ confidence in three broad aspects of childhood vaccines: their effectiveness at preventing serious illness, their safety testing and the childhood vaccine schedule (that is, the timing and number of vaccines children get). This analysis is part of a broader study of Americans’ views on childhood vaccines, vaccine research and related policy.

### Confidence is highest in childhood vaccine effectiveness.

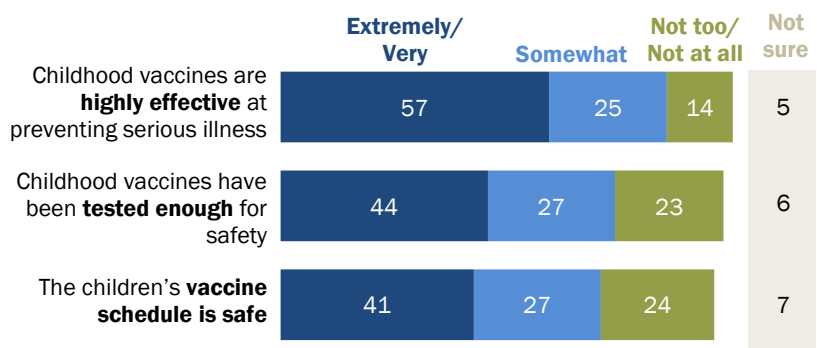
Nearly six-in-ten parents of minor children are *extremely or very* confident they help avoid serious illness, while 14% are not too or not at all confident – a difference of 43 percentage points.

### But trust slips somewhat when it comes to vaccines’ safety testing and schedule.

While 44% of parents are highly confident that childhood vaccines have gotten enough safety testing, about one-quarter are not too or not at all confident. A similar pattern holds for confidence in the vaccine schedule’s safety.

## More than half of U.S. parents with a child under 18 are extremely or very confident childhood vaccines are highly effective at preventing serious illness

% of U.S. parents with a child under 18 who say that, thinking about childhood vaccines in general, they are \_\_\_ confident that ...



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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## Are parents confident in childhood vaccine effectiveness?

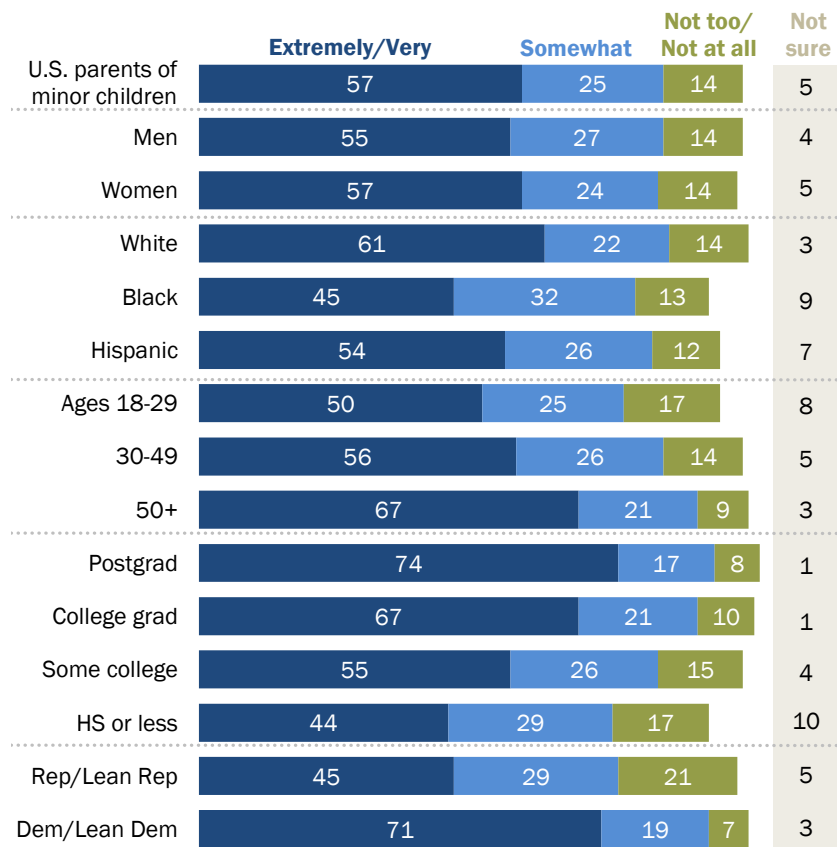
While more than half of parents overall are highly confident in childhood vaccine effectiveness, **Democratic and Democratic-leaning parents are far more likely to say this than Republican and Republican-leaning parents.** About seven-in-ten Democratic parents are *extremely or very* confident in vaccines' effectiveness at preventing serious illness, compared with 45% of Republican parents. About one-in-five Republican parents are *not too or not at all* confident in vaccine effectiveness.

**Confidence in childhood vaccine effectiveness is softer among younger parents compared with older.** Half of parents ages 18 to 29 are highly confident, compared with 67% of those ages 50 and older.

**Trust in childhood vaccine effectiveness is greater among parents with more education.** About three-quarters of parents with a postgraduate degree are extremely or very confident in vaccine effectiveness, compared with 44% among parents with a high school education or less.

### Democratic parents are more likely than Republican parents to have a high degree of confidence in vaccine effectiveness

% of U.S. parents with a child under 18 who say that, thinking about childhood vaccines in general, they are \_\_\_ confident that **childhood vaccines are highly effective at preventing serious illness**



Note: Sample size for Asian parents is too small to analyze separately. Respondents who did not give an answer are not shown. White and Black adults include those who report being only one race and are non-Hispanic. Hispanic adults are of any race.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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## Are parents confident in childhood vaccine safety testing?

Amid calls from U.S. Health and Human Services Secretary Robert F. Kennedy Jr. to [change how vaccines are tested](#), 44% of American parents say they're extremely or very confident that childhood vaccines have been tested enough for safety. But there are notable differences by age, education and party.

### Older parents are more trusting of safety testing.

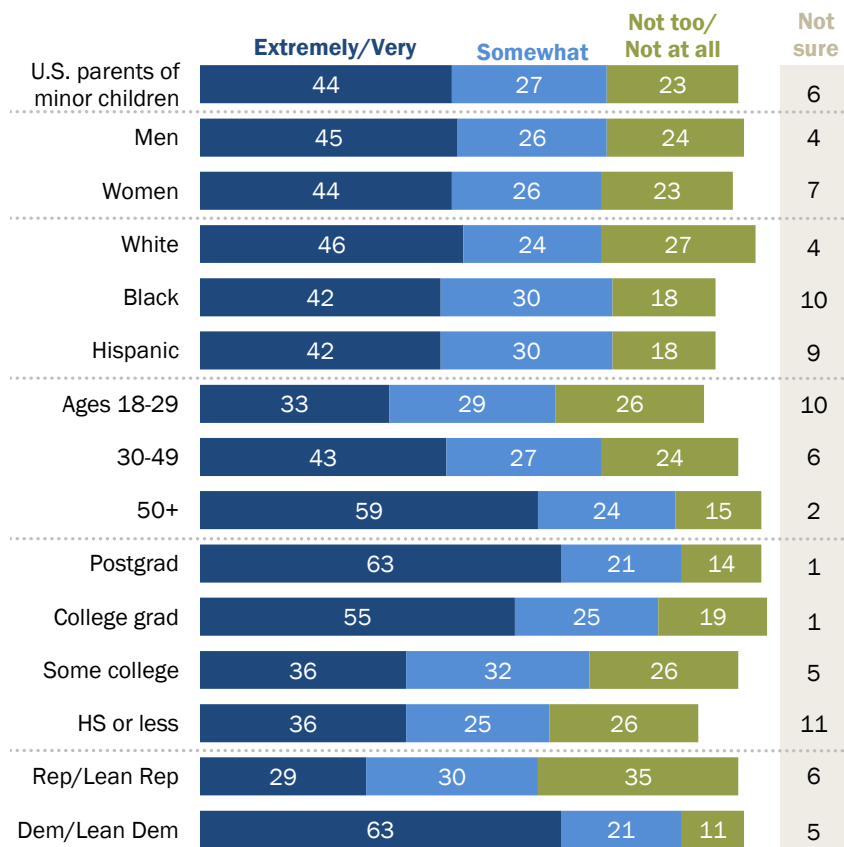
Roughly six-in-ten parents ages 50 and older have high levels of confidence in vaccine safety testing, compared with 33% of parents ages 18 to 29.

Larger shares of parents with a postgraduate education are highly confident in childhood vaccines' safety testing, compared with those who have less education. **But skepticism about safety testing isn't limited to parents with lower levels of education.** About one-in-five parents with a four-year college degree and 14% of those with a postgraduate degree are *not too or not at all* confident that childhood vaccines have been tested enough for safety.

The starkest difference in confidence is along party lines. Democratic parents are more likely than their Republican

### Confidence in childhood vaccine safety testing is higher among older parents

*% of U.S. parents with a child under 18 who say that, thinking about childhood vaccines in general, they are \_\_\_ confident that **childhood vaccines have been tested enough for safety***



Note: Sample size for Asian parents is too small to analyze separately. Respondents who did not give an answer are not shown. White and Black adults include those who report being only one race and are non-Hispanic. Hispanic adults are of any race.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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counterparts to have high confidence in the safety testing, by a margin of more than 30 percentage points.



## Are parents confident in the childhood vaccine schedule?

At a time when the childhood vaccine schedule – that is, the number and timing of these vaccines – has been a topic of [federal health policy discussion](#), 41% of parents are highly confident that the vaccine schedule is safe. **But about one-quarter are *not too or not at all* confident in its safety.**

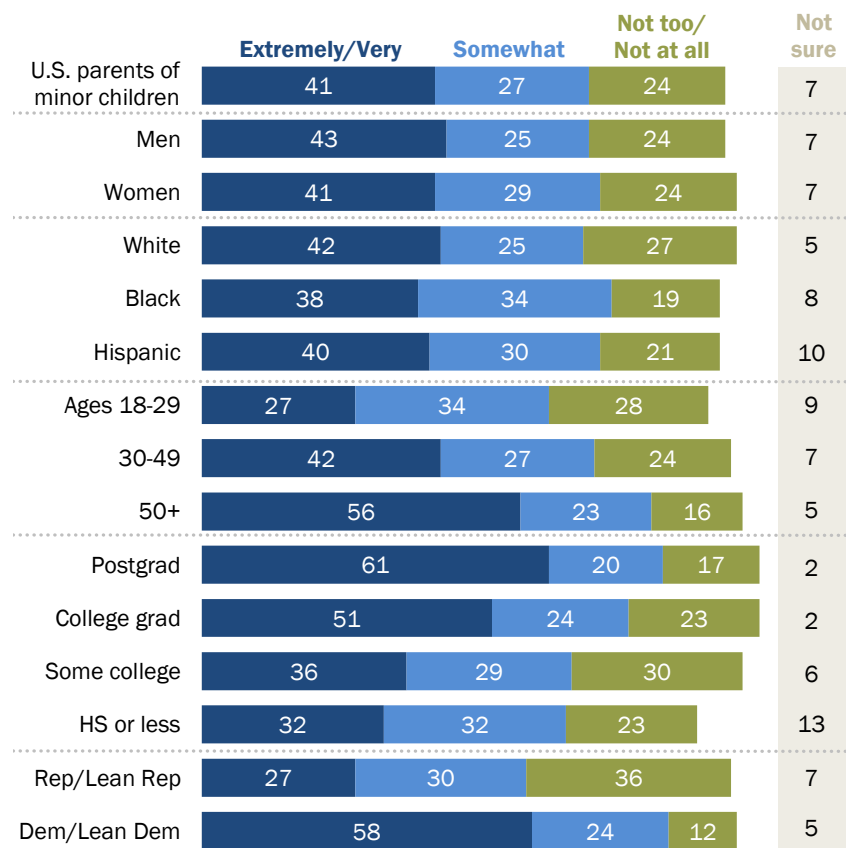
**Older parents are more likely than younger ones to have high confidence in the vaccine schedule's safety.** More than half of parents ages 50 and older (56%) are confident that it is safe, compared with 27% among those ages 18 to 29. A roughly equal share of younger parents (28%) have low confidence in the schedule.

Parents with more education are more likely than those with less education to be confident in the vaccine schedule. **But notable shares of parents with higher levels of education are not too or not at all confident in its safety**, including 20% of those with a four-year college degree or more.

**Low confidence in the vaccine schedule is particularly pronounced among Republican parents.** Among these parents, more have low

### About one-quarter of parents have low confidence in the childhood vaccine schedule's safety

*% of U.S. parents with a child under 18 who say that, thinking about childhood vaccines in general, they are \_\_\_ confident that **the children's vaccine schedule is safe***



Note: Sample size for Asian parents is too small to analyze separately. Respondents who did not give an answer are not shown. White and Black adults include those who report being only one race and are non-Hispanic. Hispanic adults are of any race.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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confidence (36%) than high confidence (27%) in its safety. By contrast, 58% of Democratic parents have high confidence and 12% have low confidence.

## Acknowledgments

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[pewresearch.org/science](http://pewresearch.org/science).

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## Methodology

### The American Trends Panel survey methodology

#### Overview

Data in this report comes from Wave 182 of the American Trends Panel (ATP), Pew Research Center’s nationally representative panel of randomly selected U.S. adults. The survey was conducted from Oct. 20 to Oct. 26, 2025. A total of 5,111 panelists responded out of 5,866 who were sampled, for a survey-level response rate of 87%.

The cumulative response rate accounting for nonresponse to the recruitment surveys and attrition is 3%. The break-off rate among panelists who logged on to the survey and completed at least one item is 1%. The margin of sampling error for the full sample of 5,111 respondents is plus or minus 1.7 percentage points.

The survey includes an [oversample](#) of non-Hispanic Asian adults and parents with children younger than 18 in order to provide more precise estimates of the opinions and experiences of these smaller demographic subgroups. These oversampled groups are weighted back to reflect their correct proportions in the population.

SSRS conducted the survey for Pew Research Center via online (n=4,945) and live telephone (n=166) interviewing. Interviews were conducted in both English and Spanish.

To learn more about the ATP, read “[About the American Trends Panel](#).”

#### Panel recruitment

Since 2018, the ATP has used address-based sampling (ABS) for recruitment. A study cover letter and a pre-incentive are mailed to a stratified, random sample of households selected from the U.S. Postal Service’s Computerized Delivery Sequence File. This Postal Service file has been estimated to cover 90% to 98% of the population.<sup>1</sup> Within each sampled household, the adult with the next birthday is selected to participate. Other details of the ABS recruitment protocol have changed over time but are available upon request.<sup>2</sup> Prior to 2018, the ATP was recruited using landline and cellphone random-digit-dial surveys administered in English and Spanish.

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<sup>1</sup> AAPOR Task Force on Address-based Sampling. 2016. “[AAPOR Report: Address-based Sampling](#).”

<sup>2</sup> Email [pewsurveys@pewresearch.org](mailto:pewsurveys@pewresearch.org).

A national sample of U.S. adults has been recruited to the ATP approximately once per year since 2014. In some years, the recruitment has included additional efforts (known as an “oversample”) to improve the accuracy of data for underrepresented groups. For example, Hispanic adults, Black adults and Asian adults were oversampled in 2019, 2022 and 2023, respectively.

### **Sample design**

The overall target population for this survey was noninstitutionalized persons ages 18 and older living in the United States. It featured a stratified random sample from the ATP in which non-Hispanic Asian adults and parents with children younger than 18 were selected with certainty. The remaining panelists were sampled at rates designed to ensure that the share of respondents in each stratum is proportional to its share of the U.S. adult population to the greatest extent possible. Respondent weights are adjusted to account for differential probabilities of selection as described in the Weighting section below.

### **Questionnaire development and testing**

The questionnaire was developed by Pew Research Center in consultation with SSRS. The web program used for online respondents was rigorously tested on both PC and mobile devices by the SSRS project team and Pew Research Center researchers. The SSRS project team also populated test data that was analyzed in SPSS to ensure the logic and randomizations were working as intended before launching the survey.

### **Incentives**

All respondents were offered a post-paid incentive for their participation. Respondents could choose to receive the post-paid incentive in the form of a check or gift code to Amazon.com, Target.com or Walmart.com. Incentive amounts ranged from \$5 to \$20 depending on whether the respondent belongs to a part of the population that is harder or easier to reach. Differential incentive amounts were designed to increase panel survey participation among groups that traditionally have low survey response propensities.

### **Data collection protocol**

The data collection field period for this survey was Oct. 20 to Oct. 26, 2025. Surveys were conducted via self-administered web survey or by live telephone interviewing.

**For panelists who take surveys online:**<sup>3</sup> Postcard notifications were mailed to a subset on Oct. 20.<sup>4</sup> Survey invitations were sent out in two separate launches: soft launch and full launch. Sixty panelists were included in the soft launch, which began with an initial invitation sent on Oct. 20. All remaining English- and Spanish-speaking sampled online panelists were included in the full launch and were sent an invitation on Oct. 21.

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**Invitation and reminder dates for web respondents,  
ATP Wave 182**

|                    | <b>Soft launch</b> | <b>Full launch</b> |
|--------------------|--------------------|--------------------|
| Initial invitation | Oct. 20, 2025      | Oct. 21, 2025      |
| First reminder     | Oct. 23, 2025      | Oct. 23, 2025      |
| Final reminder     | Oct. 25, 2025      | Oct. 25, 2025      |

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Panelists participating online were sent an email invitation and up to two email reminders if they did not respond to the survey. ATP panelists who consented to SMS messages were sent an SMS invitation with a link to the survey and up to two SMS reminders.

**For panelists who take surveys over the phone with a live interviewer:** Prenotification postcards were mailed on Oct. 17. Soft launch took place on Oct. 20 and involved dialing until a total of four interviews had been completed. All remaining English- and Spanish-speaking sampled phone panelists' numbers were dialed throughout the remaining field period. Panelists who take surveys via phone can receive up to six calls from trained SSRS interviewers.

### **Data quality checks**

To ensure high-quality data, Center researchers performed data quality checks to identify any respondents showing patterns of satisficing. This includes checking for whether respondents left questions blank at very high rates or always selected the first or last answer presented. As a result of this checking, three ATP respondents were removed from the survey dataset prior to weighting and analysis.

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<sup>3</sup> The ATP does not use routers or chains in any part of its online data collection protocol, nor are they used to direct respondents to additional surveys.

<sup>4</sup> Postcard notifications for web panelists are sent to 1) panelists who were recruited within the last two years and 2) panelists recruited prior to the last two years who opt to continue receiving postcard notifications.

## Weighting

The ATP data is weighted in a process that accounts for multiple stages of sampling and nonresponse that occur at different points in the panel survey process. First, each panelist begins with a base weight that reflects their probability of recruitment into the panel. These weights are then calibrated to align with the population benchmarks in the accompanying table to correct for nonresponse to recruitment surveys and panel attrition. If only a subsample of panelists was invited to participate in the wave, this weight is adjusted to account for any differential probabilities of selection.

Among the panelists who completed the survey, this weight is then calibrated again to align with the population benchmarks identified in the accompanying table and trimmed at the 1st and 99th percentiles to reduce the loss in precision stemming from variance in the weights. Sampling errors and tests of statistical significance take into account the effect of weighting.

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### American Trends Panel weighting dimensions

| Variable                                                             | Benchmark source                                                                                                                                                                                                                               |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age (detailed)                                                       | 2023 American Community Survey (ACS)                                                                                                                                                                                                           |
| Age x Gender                                                         |                                                                                                                                                                                                                                                |
| Education x Gender                                                   |                                                                                                                                                                                                                                                |
| Education x Age                                                      |                                                                                                                                                                                                                                                |
| Race/Ethnicity x Education                                           |                                                                                                                                                                                                                                                |
| Race/Ethnicity x Gender                                              |                                                                                                                                                                                                                                                |
| Race/Ethnicity x Age                                                 |                                                                                                                                                                                                                                                |
| Born inside vs. outside the U.S. among Hispanics and Asian Americans |                                                                                                                                                                                                                                                |
| Years lived in the U.S.                                              |                                                                                                                                                                                                                                                |
| Census region x Metropolitan status                                  |                                                                                                                                                                                                                                                |
| Volunteerism                                                         | 2023 CPS Volunteering & Civic Life Supplement                                                                                                                                                                                                  |
| Frequency of internet use                                            | 2025 National Public Opinion Reference Survey (NPORS)                                                                                                                                                                                          |
| Religious affiliation                                                |                                                                                                                                                                                                                                                |
| Party affiliation x Race/Ethnicity                                   |                                                                                                                                                                                                                                                |
| Party affiliation x Age                                              |                                                                                                                                                                                                                                                |
| Validated 2024 presidential election turnout and vote choice         | Candidate vote share is based on official results from the Federal Election Commission. Turnout is based on estimates from the Election Lab at the University of Florida. The size of the voting-eligible population is based on the 2023 ACS. |

Note: Estimates from the ACS are based on noninstitutionalized adults. For weighting to the 2024 presidential election results, panelists are considered validated voters if their self-report of having voted was confirmed after matching to a national voter registry.

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The following table shows the unweighted sample sizes and the error attributable to sampling that would be expected at the 95% level of confidence for different groups in the survey.

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### Sample sizes and margins of error, ATP Wave 182

| Group                            | Unweighted sample size | Plus or minus ...     |
|----------------------------------|------------------------|-----------------------|
| U.S. adults                      | 5,111                  | 1.7 percentage points |
| Rep/Lean Rep                     | 2,337                  | 2.5 percentage points |
| Dem/Lean Dem                     | 2,544                  | 2.4 percentage points |
| Parents of a child under 18      | 2,448                  | 2.7 percentage points |
| Not a parent of a child under 18 | 2,655                  | 2.1 percentage points |

Note: This survey includes oversamples of non-Hispanic Asian adults and parents with children younger than 18. Unweighted sample sizes do not account for the sample design or weighting and do not describe a group's contribution to weighted estimates. See the Sample design and Weighting sections above for details.

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Sample sizes and sampling errors for other subgroups are available upon request. In addition to sampling error, one should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls.



## Dispositions and response rates

### Final dispositions, ATP Wave 182

|                                                                    | AAPOR code | Total        |
|--------------------------------------------------------------------|------------|--------------|
| Completed interview                                                | 1.1        | 5,111        |
| Logged in (web) / Contacted (CATI), but did not complete any items | 2.11       | 151          |
| Started survey; broke off before completion                        | 2.12       | 66           |
| Never logged on (web) / Never reached on phone (CATI)              | 2.20       | 535          |
| Survey completed after close of the field period                   | 2.27       | 0            |
| Other non-interview                                                | 2.30       | 0            |
| Completed interview but was removed for data quality               | 2.90       | 3            |
| <b>Total panelists sampled for the survey</b>                      |            | <b>5,866</b> |
| Completed interviews                                               | I          | 5,111        |
| Partial interviews                                                 | P          | 0            |
| Refusals                                                           | R          | 217          |
| Non-contact                                                        | NC         | 535          |
| Other                                                              | O          | 3            |
| Unknown household                                                  | UH         | 0            |
| Unknown other                                                      | UO         | 0            |
| Not eligible                                                       | NE         | 0            |
| <b>Total</b>                                                       |            | <b>5,866</b> |
| AAPOR RR1 = $I / (I+P+R+NC+O+UH+UO)$                               |            | 87%          |

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### Cumulative response rate, ATP Wave 182

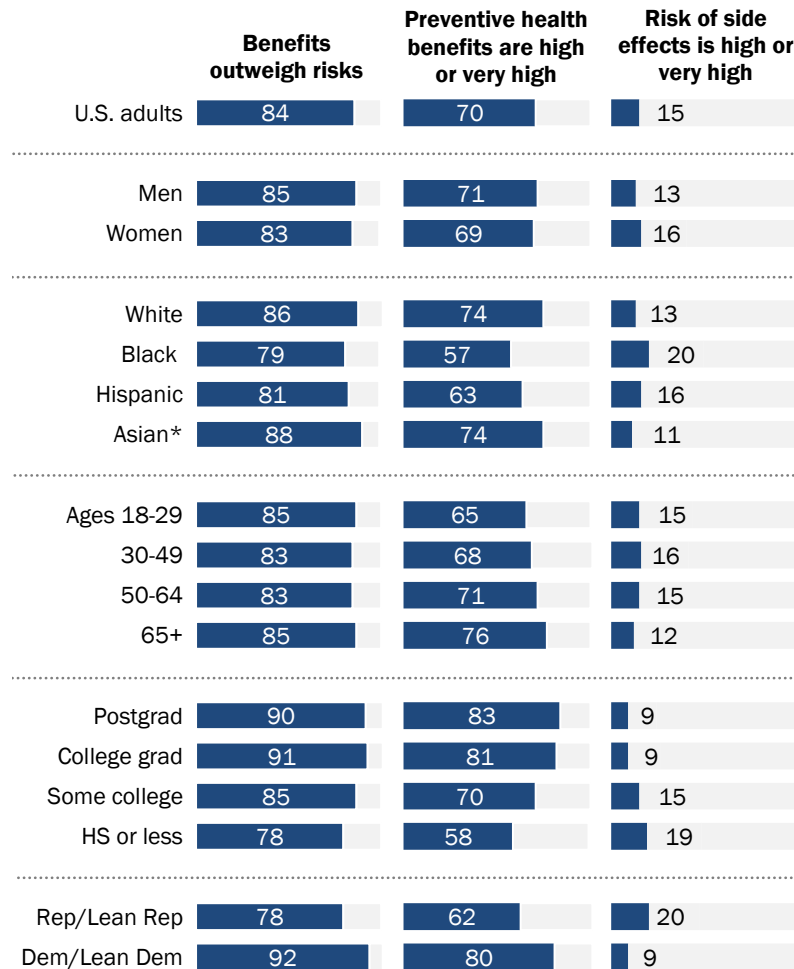
|                                                                                       | Total     |
|---------------------------------------------------------------------------------------|-----------|
| Weighted response rate to recruitment surveys                                         | 12%       |
| % of recruitment survey respondents who agreed to join the panel, among those invited | 74%       |
| % of those agreeing to join who were active panelists at start of Wave 182            | 40%       |
| Response rate to Wave 182 survey                                                      | 87%       |
| <b>Cumulative response rate</b>                                                       | <b>3%</b> |

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## Appendix

### Views of the MMR vaccine across demographic groups

% of U.S. adults who say the following about the childhood vaccine for measles, mumps and rubella



\* Estimates for Asian adults are representative of English speakers only.

Note: Respondents who gave other responses or did not give an answer are not shown.

White, Black and Asian adults include those who report being only one race and are non-Hispanic. Hispanic adults are of any race.

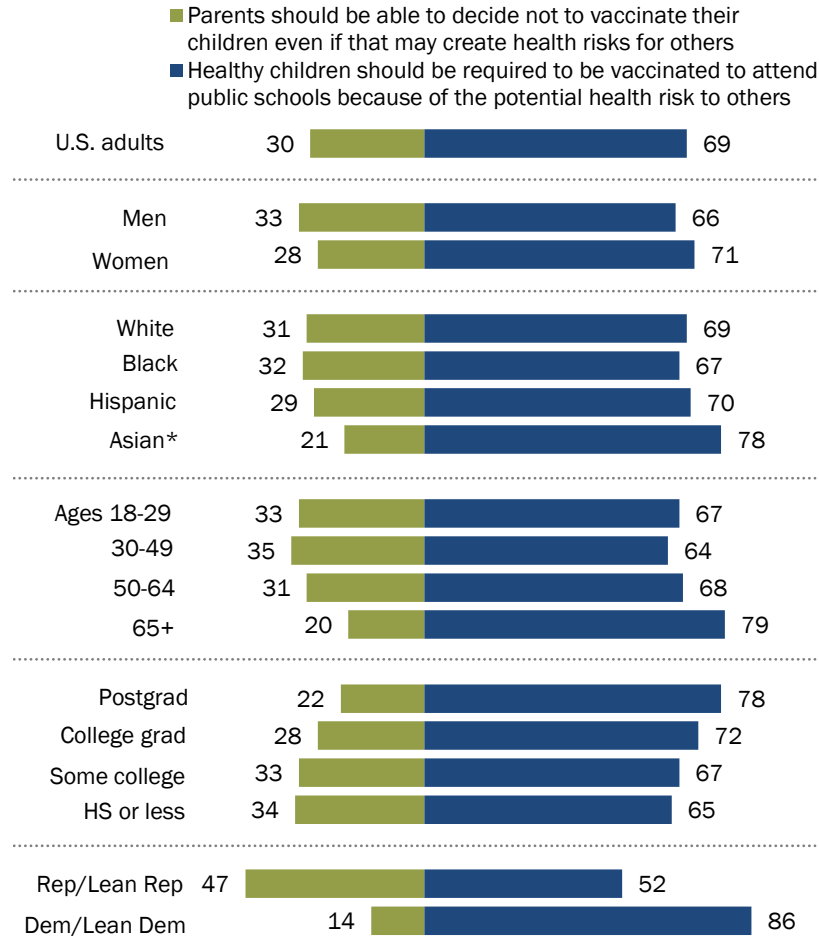
Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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## 66% of Americans say children should be required to be vaccinated to attend public schools

*% of U.S. adults who say the following about the childhood vaccine for measles, mumps and rubella*



\* Estimates for Asian adults are representative of English speakers only.

Note: Respondents who did not give an answer are not shown. White, Black and Asian adults include those who report being only one race and are non-Hispanic. Hispanic adults are of any race.

Source: Survey of U.S. adults conducted Oct. 20-26, 2025.

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