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# From Diagnoses to Treatments, Why Americans Use AI Chatbots for Health

*Reasons include making diagnoses and learning more about lab results or treatments. Nearly all chatbot health users find this AI information helpful*

**BY** Emma Kikuchi, Giancarlo Pasquini and Eileen Yam

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## About this research

This Pew Research Center report looks at Americans' use and views of chatbots for health.

### Why did we do this?

Pew Research Center does research to help the public, media and decision-makers understand important topics. This research builds on our work studying Americans' views of medicine and health to explore how Americans use chatbots for health.

Learn more about [Pew Research Center](#), our research on [medicine and health](#) and other research on [science and society](#).

### How did we do this?

For this report, we surveyed 3,488 U.S. adults from June 22 to 28, 2026. Everyone who took part in this survey is a member of the Center's [American Trends Panel](#). The survey represents the views of the full U.S. adult population.

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

# From Diagnoses to Treatments, Why Americans Use AI Chatbots for Health

*Reasons include making diagnoses and learning more about lab results or treatments. Nearly all chatbot health users find this AI information helpful*

## Key takeaways:

- A quarter of Americans say they use AI chatbots to diagnose symptoms.
- Similar shares use them to better understand information they may have gotten from healthcare providers, like to learn more about a doctor’s diagnosis or understand lab results.
- Nearly all chatbot health users find this health information at least somewhat helpful.
- But these users are split on whether they feel comfortable sharing personal health information with chatbots.

More and more Americans are [using AI chatbots](#), including [turning to them for health information](#). These chatbot health users are motivated by a host of reasons, ranging from making diagnoses to learning about their lab results. And they generally find chatbot health information useful, according to a new Pew Research Center survey of 3,488 U.S. adults conducted June 22-28, 2026.

Building on the Center’s [previous work on Americans’ health information sources](#), this report explores the “why” behind U.S. adults’ use of chatbots for health. This analysis also looks at how helpful chatbot health users find this information, and how comfortable they are sharing personal health information with a chatbot.

## Why do Americans use chatbots for health information?

Americans use chatbots for a host of health-related reasons, from helping make diagnoses on their own to learning more about information they may have gotten from a doctor.

In all, 34% of Americans ever use AI chatbots for at least one of the eight health and medical reasons we asked about. We refer to this share as **chatbot health users**.

Nearly all of these users cite multiple reasons for using these tools for health.

About three-in-ten U.S. adults (28%) say **getting health information quickly** is a motivation for using chatbots. This aligns with previous Center research showing that [convenience is a factor chatbot health users rate highly](#).

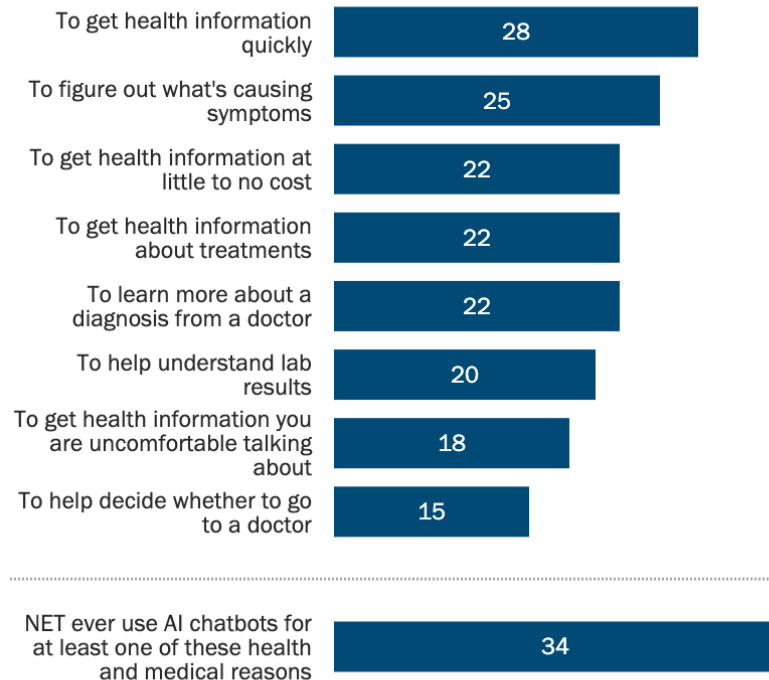
Other reasons have to do with **figuring out what's causing symptoms** or **better understanding medical information** they may have gotten elsewhere. This includes understanding lab results and learning more about treatments or a doctor's diagnosis. These motivations were cited by 20% to 25% of Americans.

A similar share (22%) say they turn to chatbots because they are **low-cost or free**.

Other reasons they use chatbots for health are to help **decide whether to see a doctor** (15%) or to get health information they're **uncomfortable talking about** (18%).

### Reasons for using chatbots for health span convenience, cost and medical advice

*% of U.S. adults who say they ever use AI chatbots for the following health reasons*



Note: Respondents who do not use AI chatbots or use them but not for these health reasons are not shown. Respondents who did not answer are also not shown.

Source: Survey of U.S. adults conducted June 22-28, 2026.

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**Related:** [Americans and AI 2026: Chatbots, Smart Devices and Views on Impact](#)

**Related:** [Where Do Americans Get Health Information, and What Do They Trust?](#)

## Who is more likely to use chatbots for health?

Several demographic groups are more likely to be chatbot health users: Asian Americans, adults under 50, four-year college graduates, and upper-income adults.

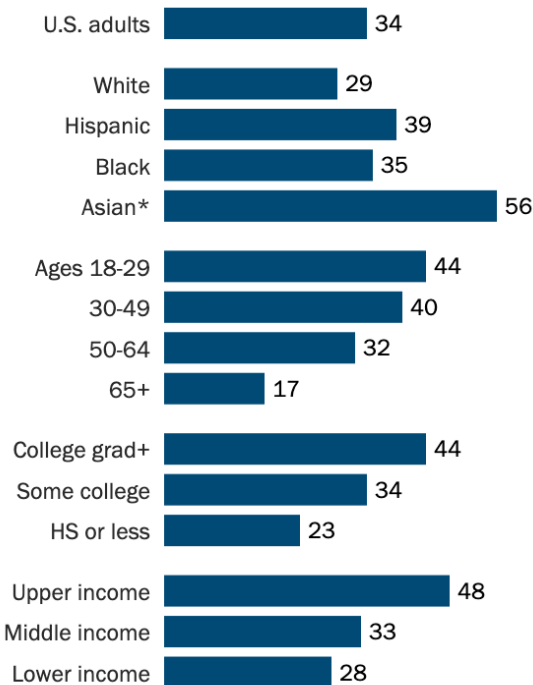
These demographic patterns in chatbot health users are similar to [overall chatbot use](#).

And overall optimism about AI plays a role as well. Adults who are more concerned about the increased use of AI are far less likely to be chatbot health users than those who are more excited about these technologies (21% vs. 60%).

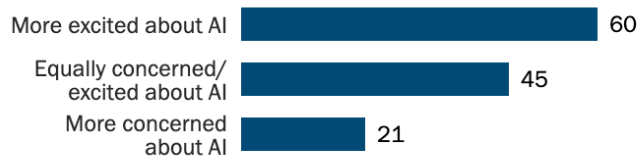
**Related:** [Young adults in the U.S. are increasingly wary of AI and concerned about it taking jobs](#)

## Asian Americans and younger adults are among the most likely to be chatbot health users

% who are chatbot health users



Among those who say the increased use of AI in daily life makes them feel ...



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

Note: Chatbot health users are those who say they ever use chatbots for at least one of the eight health reasons asked about. White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanic adults are of any race. Family income tiers are based on adjusted 2024 earnings.

Source: Survey of U.S. adults conducted June 22-28, 2026.

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## How helpful are chatbots for health?

A majority of chatbot health users see value in using these tools for health information. About half of these users (47%) say the information they get is extremely or very helpful, while 48% say it is somewhat helpful. Very few (5%) say this information is not too or not at all helpful.

## How comfortable are chatbot health users with sharing personal health information with these tools?

While chatbot health users find these tools helpful, they have varying comfort levels sharing personal health information with chatbots. This comes at a time when [some platforms have faced scrutiny](#) for storing and selling people's health data or using it to train large language models. Alongside this, some tech companies are unveiling [chatbot tools for healthcare](#).

Chatbot health users are about as likely to be extremely or very comfortable (29%) sharing personal health information with a chatbot as they are to be not too or not at all comfortable (26%). The largest share sits in the middle, saying they would be somewhat comfortable doing this (42%).

### About half of chatbot health users say the information they get from these tools is really helpful

*% of chatbot health users who say the health information they get from chatbots is \_\_\_ helpful*



Note: Chatbot health users are those who say they ever use chatbots for at least one of the eight health and medical reasons asked about. Respondents who did not answer are not shown.

Source: Survey of U.S. adults conducted June 22-28, 2026.

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### Mixed comfort levels sharing personal health information with chatbots

*% of chatbot health users who say they would be \_\_\_ comfortable sharing personal health information with a chatbot*



Note: Chatbot health users are those who say they ever use chatbots for at least one of the eight health and medical reasons we asked about. Respondents who said "Not sure" or did not answer are not shown.

Source: Survey of U.S. adults conducted June 22-28, 2026.

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## Do Americans think chatbots help or hurt people using them for loneliness, depression or stress?

### Key takeaways:

- Americans are more likely to say chatbots do more to hurt than help people who use them for support with loneliness, depression or stress.
- Younger adults are largely pessimistic that chatbots can help people who use them for social and mental health support.
- But sizable shares of Americans aren't sure. Older adults are especially likely to be unsure of chatbots' impact on people using them for these reasons.
- Asian adults stand out as being more positive about using chatbot for social and mental health support.

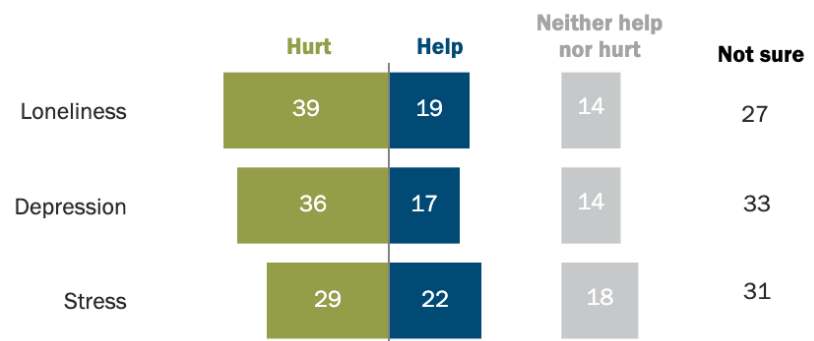
At a time of [public debate](#) and [high-profile cases](#) of chatbot use for social and mental health, a new Pew Research Center survey finds that, on balance, **Americans say chatbots do more to hurt than help people who use them for loneliness, depression or stress.**

- Using chatbots for loneliness:** 39% say they do more to hurt people, while 19% say they do more to help.
- Using chatbots for depression:** 36% say they do more to hurt, while 17% say they do more to help.
- Using chatbots for stress:** There's less of a difference in opinion for using chatbots for stress, but still, 29% say they do more to hurt, while 22% say they do more to help.

**But sizable shares of Americans are unsure of AI's impact on people who use them for social and mental health support.** About three-in-

### Americans more likely to say chatbots hurt more than help people who use them for support with loneliness, depression

*% of U.S. adults who say AI chatbots do more to \_\_\_ people who use them to get support for each of the following*



Note: Respondents who did not answer are not shown.

Source: Survey of U.S. adults conducted June 22-28, 2026.

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ten say they're not sure about AI's impact on loneliness, depression or stress. And between 14% and 18% don't lean one way or the other, saying AI neither helps nor hurts people who use them for support with these struggles.

This analysis is based on a broader Pew Research Center survey exploring Americans' views on and experiences with AI in healthcare, conducted June 22-28, 2026, among 3,488 U.S. adults. For more, read "[From Diagnoses to Treatments, Why Americans Use AI Chatbots for Health.](#)"

**Related:** [\*Americans and AI 2026: Chatbots, Smart Devices and Views on Impact\*](#)

**Related:** [\*Where Do Americans Get Health Information, and What Do They Trust?\*](#)

## Differences by age: About half of adults under 30 say chatbots hurt people who use these tools as support for loneliness

Younger adults are more likely than older adults to say they [use chatbots for emotional support](#). Yet, younger Americans are largely pessimistic that chatbots can help people who use them for social and mental health support. **About half of adults under 30 (49%) say chatbots do more to hurt people who use them for loneliness, and 41% say the same for depression.** Far fewer say chatbots do more to help people with loneliness and depression (23% each).

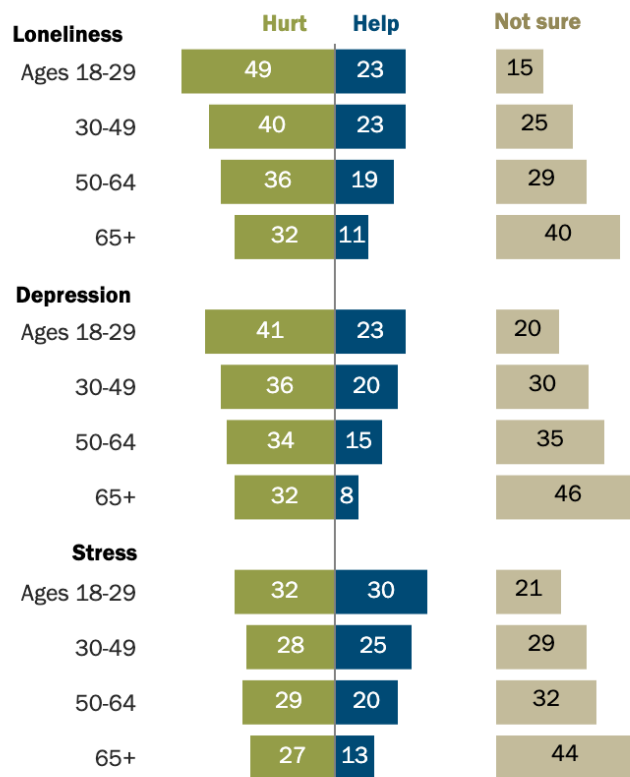
Of those who take a side, by a wide margin, adults across age groups say chatbots do more to hurt than help people who use them to get support with loneliness or depression.

Using chatbots for stress is one area where younger Americans aren't as likely to say they will hurt. Adults under 50 are about equally likely to say chatbots help as say they hurt.

Across the board, **older adults are far more likely to be uncertain.** The largest shares of adults 65 and older – four-in-ten or more – say they are not sure if AI chatbots do more to help or hurt people who use them for loneliness, depression or stress.

### Many older adults unsure about whether chatbots help or hurt for social and mental health

*% of U.S. adults who say AI chatbots do more to \_\_\_ people who use them to get support for each of the following*



Note: Respondents who said “Neither help nor hurt” (shares ranging from 12% to 19%) or did not answer are not shown.

Source: Survey of U.S. adults conducted June 22-28, 2026.

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## Differences by race and ethnicity: Asian adults are more positive toward chatbot use for social and mental health support

Asian adults are the only racial or ethnic group that skews more positive than negative for any of the items we asked about. (Estimates for Asian adults are representative of English speakers only.)

When it comes to people using AI chatbots for loneliness, Asian adults are more likely to say chatbots do more to help than hurt (37% vs. 25%).

The same for stress: 34% of Asian adults say chatbots do more to help, compared with 21% who say they do more to hurt.

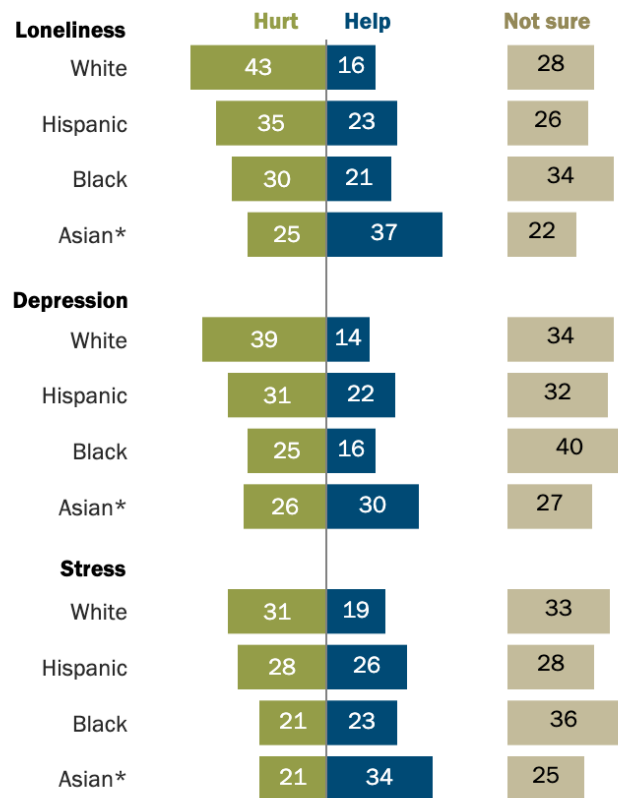
Views of chatbot use for depression among Asian adults are more mixed: Similar shares say chatbots do more to help versus hurt (30% vs. 26%).

This follows overall racial and ethnic differences in how adults use and view AI even after accounting for education and income. Asian adults tend to stand out for their [higher optimism about AI](#).

There were modest or no differences by gender, education or income.

### Asian adults more positive about chatbots for social and mental health support

% of U.S. adults who say AI chatbots do more to \_\_\_ people who use them to get support for each of the following



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

Note: Respondents who said "Neither help nor hurt" (shares ranging from 13% to 21%) or did not 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 June 22-28, 2026.

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## Methodology

### The American Trends Panel survey methodology

#### Overview

Data in this report comes from Wave 195 of the American Trends Panel (ATP), Pew Research Center’s nationally representative panel of randomly selected U.S. adults. The survey was conducted from June 22 to 28, 2026. A total of 3,488 panelists responded out of 4,069 who were sampled, for a survey-level response rate of 86%.

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 3,488 respondents is plus or minus 1.8 percentage points.

The survey includes an [oversample](#) of non-Hispanic Asian adults in order to provide more precise estimates of the opinions and experiences of this smaller demographic subgroup. 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=3,362) and live telephone (n=126) 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.

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”)

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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).

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 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 June 22 to June 28, 2026. 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 June 22.<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

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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.

June 22. All remaining English- and Spanish-speaking sampled online panelists were included in the full launch and were sent an invitation on June 23.

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**Invitation and reminder dates for web respondents,  
ATP Wave 195**

|                    | <b>Soft launch</b> | <b>Full launch</b> |
|--------------------|--------------------|--------------------|
| Initial invitation | June 22, 2026      | June 23, 2026      |
| First reminder     | June 25, 2026      | June 25, 2026      |
| Final reminder     | June 27, 2026      | June 27, 2026      |

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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 June 18. Soft launch took place on June 22 and involved dialing until a total of 11 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, two ATP respondents were removed from the survey dataset prior to weighting and analysis.

### **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.

### American Trends Panel weighting dimensions

| Variable                                                             | Benchmark source                                                                                                                                                                                                                               |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age (detailed)                                                       | 2024 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 195

| Group         | Unweighted sample size | Plus or minus ...     |
|---------------|------------------------|-----------------------|
| U.S. adults   | 3,488                  | 1.8 percentage points |
| White         | 1,920                  | 2.3 percentage points |
| Hispanic      | 501                    | 4.8 percentage points |
| Black         | 349                    | 5.9 percentage points |
| Asian         | 540                    | 5.9 percentage points |
| Ages 18-29    | 569                    | 4.7 percentage points |
| 30-49         | 1,256                  | 3.1 percentage points |
| 50-64         | 902                    | 3.5 percentage points |
| 65+           | 756                    | 3.9 percentage points |
| Postgrad      | 648                    | 4.4 percentage points |
| College grad  | 820                    | 3.8 percentage points |
| Some college  | 988                    | 3.4 percentage points |
| HS or less    | 1,019                  | 3.4 percentage points |
| Upper income  | 726                    | 4.0 percentage points |
| Middle income | 1,657                  | 2.6 percentage points |
| Lower income  | 939                    | 3.6 percentage points |

Note: This survey includes an oversample of non-Hispanic Asian respondents. 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 195

|                                                                  | AAPOR code | Total        |
|------------------------------------------------------------------|------------|--------------|
| Completed interview                                              | 1.1        | 3,488        |
| Logged in (web)/Contacted (CATI), but did not complete any items | 2.11       | 118          |
| Started survey; broke off before completion                      | 2.12       | 48           |
| Never logged on (web)/Never reached on phone (CATI)              | 2.20       | 413          |
| 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       | 2            |
| <b>Total panelists sampled for the survey</b>                    |            | <b>4,069</b> |
| Completed interviews                                             | I          | 3,488        |
| Partial interviews                                               | P          | 0            |
| Refusals                                                         | R          | 166          |
| Non-contact                                                      | NC         | 413          |
| Other                                                            | O          | 2            |
| Unknown household                                                | UH         | 0            |
| Unknown other                                                    | UO         | 0            |
| Not eligible                                                     | NE         | 0            |
| <b>Total</b>                                                     |            | <b>4,069</b> |
| AAPOR RR1 = $I / (I + P + R + NC + O + UH + UO)$                 |            | 86%          |

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### Cumulative response rate, ATP Wave 195

|                                                                                       | 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 195            | 40%       |
| Response rate to Wave 195 survey                                                      | 86%       |
| <b>Cumulative response rate</b>                                                       | <b>3%</b> |

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### **A note about the Asian adult sample**

This survey includes a total sample size of 540 Asian adults. The sample primarily includes English-speaking Asian adults and, therefore, may not be representative of the overall Asian adult population. Despite this limitation, it is important to report the views of Asian adults on the topics in this study. As always, Asian adults' responses are incorporated into the general population figures throughout this report.

### **How family income tiers are calculated**

Family income data reported in this study is adjusted for household size and cost-of-living differences by geography. Panelists then are assigned to income tiers that are based on the median adjusted family income of all American Trends Panel members. The process uses the following steps:

1. First, panelists are assigned to the midpoint of the income range they selected in a family income question that was measured on either the most recent annual profile survey or, for newly recruited panelists, their recruitment survey. This provides an approximate income value that can be used in calculations for the adjustment.
2. Next, these income values are adjusted for the cost of living in the geographic area where the panelist lives. This is calculated using price indexes published by the U.S. Bureau of Economic Analysis. These indexes, known as [Regional Price Parities](#) (RPP), compare the prices of goods and services across all U.S. metropolitan statistical areas as well as non-metro areas with the national average prices for the same goods and services. The most recent available data at the time of the annual profile survey is from 2023. Those who fall outside of metropolitan statistical areas are assigned the overall RPP for their state's non-metropolitan area.
3. Family incomes are further adjusted for the number of people in a household using the methodology from Pew Research Center's previous work on [the American middle class](#). This is done because a four-person household with an income of say, \$50,000, faces a tighter budget constraint than a two-person household with the same income.
4. Panelists are then assigned an income tier. "Middle-income" adults are in families with adjusted family incomes that are between two-thirds and double the median adjusted family income for the full ATP at the time of the most recent annual profile survey. The median adjusted family income for the panel is roughly \$77,800. Using this median income, the middle-income range is about \$51,900 to \$155,600. Lower-income families have adjusted incomes less than \$51,900 and upper-income families have adjusted

incomes greater than \$155,600 (all figures expressed in 2024 dollars and scaled to a household size of three). A panelist is assigned “no answer” in the income tier variable if they did not provide all three pieces of information needed to calculate their tier (family income, household size and residential address).

Two examples of how a given area’s cost-of-living adjustment was calculated are as follows: the Pine Bluff metropolitan area in Arkansas is a relatively inexpensive area, with a price level that is

19.7% less than the national average. The San Francisco-Oakland-Berkeley metropolitan area in California is one of the most expensive areas, with a price level that is 18.2% higher than the national average. Income in the sample is adjusted to make up for this difference. As a result, a family with an income of \$40,200 in the Pine Bluff area is as well off financially as a family of the same size with an income of \$59,100 in San Francisco.

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