

Spotlight on Health: Caregiving in the Digital Age

December 2025 AmeriSpeak® Omnibus Survey

Funded and conducted by NORC at the University of Chicago

Interviews: December 4-7, 2025

1,088 adults

Margin of sampling error: ± 4.1 percentage points at the 95% confidence level among all adults

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

PH1. In the past 12 months, have you given unpaid care or help to someone because of age, illness, disability, or special needs? This can include older adults, adults with health conditions, or children with special needs. If yes, who do you mainly care for?

[SELECT ALL THAT APPLY]

| | NORC 12/4-7/2025 |
|------------------------|---------------------|
| Yes (NET) | 28 |
| Parent | 10 |
| Child (under age 18) | 6 |
| Friend or neighbor | 5 |
| Spouse or partner | 4 |
| Grandparent | 3 |
| Adult child (age 18+) | 2 |
| Other relative | 5 |
| Other (specify) | 1 |
| No | 72 |
| DON'T KNOW | - |
| SKIPPED ON WEB/REFUSED | * |

N= 1,088

If Yes in PH1

PH2. On average, how many hours per week do you spend providing this unpaid caregiving?

| | NORC 12/4-7/2025 |
|------------------------|---------------------|
| 1–5 hours | 59 |
| 6–10 hours | 14 |
| 11–20 hours | 8 |
| 21+ hours | 18 |
| DON'T KNOW | - |
| SKIPPED ON WEB/REFUSED | 1 |

N= 321

If Yes in PH1

PH3. Do you use each of the following technologies to support this unpaid caregiving?

| NORC 12/4-7/2025 | Currently Use | Plan to Use Soon | Considering Use | Not Considering Use | DK | SKP/ RF |
|--|------------------|------------------------|--------------------|---------------------------|----|------------|
| Health and safety monitoring, such as remote tracking, fall detection, health devices | 12 | 4 | 18 | 64 | 1 | 2 |
| Telemedicine, such as virtual visits with a healthcare provider | 20 | 2 | 14 | 62 | 1 | 2 |
| Medication management systems, such as refill alerts and dosage reminders | 27 | 2 | 11 | 57 | - | 3 |
| Artificial intelligence (AI) agents, such as ChatGPT | 7 | 2 | 8 | 80 | - | 3 |
| Care coordination platforms, such as shared calendars and task lists | 19 | 2 | 8 | 67 | - | 3 |
| Financial management tools to manage your care recipient's finances | 9 | 4 | 10 | 75 | - | 3 |
| Transportation support tools, such as ride scheduling, paratransit booking, or medical transport | 12 | 5 | 9 | 70 | - | 3 |
| Online caregiver support communities | 7 | 4 | 9 | 77 | - | 3 |

N = 321

If Yes in PH1

PH4. What prevents you from using technology, or using technology more often, for caregiving?

[SELECT ALL THAT APPLY]

| | NORC 12/4-7/2025 |
|--|---------------------|
| ANY (NET) | 57 |
| Lack of time to learn or set up new technology | 16 |
| Limited internet access or poor connectivity | 8 |
| Privacy or security concerns | 20 |
| Care recipient unwilling or unable to use technology | 23 |
| Cost of technology | 12 |
| Lack of technical support or training | 13 |
| Accessibility challenges, such as vision, hearing, and cognitive | 4 |
| Not aware of available technology options | 18 |
| Technology doesn't work as expected such as reliability issues | 7 |
| No barriers | 39 |
| DON'T KNOW | 1 |
| SKIPPED ON WEB | 2 |
| REFUSED | 1 |
| N= | 321 |

AGE

| | NORC 12/4-7/2025 |
|-------|---------------------|
| 18–29 | 20 |
| 30–44 | 26 |
| 45–59 | 22 |
| 60+ | 31 |
| N= | 1,088 |

SEX

| | NORC 12/4-7/2025 |
|--------|---------------------|
| Male | 49 |
| Female | 51 |
| N= | 1,088 |

RACE/ETHNICITY

| | NORC 12/4-7/2025 |
|---------------------|---------------------|
| White, non-Hispanic | 60 |
| Black, non-Hispanic | 12 |
| Hispanic | 18 |
| Other non-Hispanic | 10 |
| N= | 1,088 |

EDUCATION

| | NORC 12/4-7/2025 |
|------------------------------------|---------------------|
| Less than high school | 9 |
| High school graduate or equivalent | 28 |
| Some college/associate's degree | 26 |
| Bachelor's degree | 23 |
| Post-graduate/professional degree | 14 |
| N= | 1,088 |

HOUSEHOLD INCOME

| | NORC 12/4-7/2025 |
|-----------------------------|---------------------|
| Less than \$30,000 | 23 |
| \$30,000 to under \$60,000 | 22 |
| \$60,000 to under \$100,000 | 19 |
| \$100,000 or more | 36 |
| N= | 1,088 |

Study Methodology

This survey was funded and conducted by NORC. The data were collected using the AmeriSpeak® Omnibus, a bi-monthly multi-client survey using NORC's probability-based panel designed to be representative of the U.S. household population. The survey was part of a larger study that included questions about other topics not included in this report. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame and then contacted by U.S. mail, email, telephone, and field interviewers (face-to-face). The panel provides sample coverage of approximately 97 percent of the U.S. household population. Those excluded from the sample include people with P.O. Box-only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings.

Interviews were conducted in English, online and by phone, between 12/4-7/2025, with adults ages 18 and older. Respondents were offered a small monetary incentive for completing the survey. Panel members were randomly drawn from AmeriSpeak, and 1,088 adults completed the survey, including 1,028 online and 60 by phone. Panel members were invited by email or by phone from a NORC telephone interviewer.

Quality assurance checks were conducted to ensure data quality. In total, 87 interviews were removed for nonresponse to at least 50 percent of the questions asked of them, for completing the survey in less than one-third the median interview time for the full sample, or for straight-lining all grid questions asked of them. These interviews were excluded from the data file prior to weighting.

The margin of sampling error is ± 4.1 percentage points at the 95 percent confidence level. Sampling error is only one of many potential sources of error, and there may be other unmeasured error in this or any other survey.

Once the sample was selected and fielded, and all the study data were collected and made final, a poststratification process was used to adjust for any survey nonresponse as well as any

noncoverage or under- and oversampling resulting from the study-specific sample design. Poststratification variables included age, gender, census division, race/ethnicity, and education. Weighting variables were obtained from the 2025 Current Population Survey. The weighted data reflect the U.S. population of adults ages 18 and over.

Additional information on the AmeriSpeak Panel methodology is available at:
<https://amerispeak.norc.org/about-amerispeak/panel-design.html>.

For additional information, please contact info@norc.org.

About the NORC Spotlight on Health

NORC at the University of Chicago's Spotlight on Health is a series of quick-hitting national surveys on issues vital to health and well-being, conducted using AmeriSpeak's probability-based panels.

About NORC at the University of Chicago

NORC at the University of Chicago conducts research and analysis that decision-makers trust. As a nonpartisan research organization and a pioneer in measuring and understanding the world, we have studied almost every aspect of the human experience and every major news event for more than eight decades. Today, we partner with government, corporate, and nonprofit clients around the world to provide the objectivity and expertise necessary to inform the critical decisions facing society.

NORC's Caregiving Expertise

NORC research spans the entire caregiving continuum, delivering evidence-based insights that ensure effective care delivery and support caregiver well-being. Our work has focused on issues affecting a wide range of caregivers including home health aides, parents, and unpaid caregivers for older adults. We specialize in developing and evaluating programs, policies, and communication strategies, taking a collaborative and strengths-based approach to apply rigorous methods that deliver effective solutions and actionable insights. Learn more:
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