NORC at the University of Chicago

Spotlight on Health: Nearly 6 in 10 Teens Say Social Media Influenced a Health-Related Decision

May 2026 AmeriSpeak® Teen Omnibus Survey

Funded and conducted by NORC at the University of Chicago
Interviews: April 30-May 14, 2026
1,017 Teens

Margin of sampling error: ± 4.3 percentage points at the 95% confidence level among all teens

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

Q1. How often do you use each of the following social media platforms?

Social media use can include scrolling, messaging, and/or checking notifications.

NORC 4/30-5/14/2026	I do not use social media	More than once an hour	About once an hour	Several times a day	About once a day	A few times a week	About once a week	A few times a month	Once a month or less	DK	SKP/ REF
TikTok	32	12	7	27	8	4	3	5	2	-	1
Instagram	31	8	5	23	9	8	5	5	4	-	1
Snapchat	42	6	5	18	8	6	5	4	5	-	2
Other social media platforms such as YouTube, Pinterest, BeReal, Twitch, etc. (please specify)	29	7	6	21	12	9	3	3	2	-	8

N = 1,017

Q2. In the past 3 months, how often have you seen social media content about:

NORC 4/30-5/14/2026	Never	Rarely	Sometimes	Often	Very often	DK	SKP/ REF
Dieting or weight loss	25	16	32	15	11	-	1
Muscle-building	24	18	30	18	10	-	1
Performance supplements, such as pre-workout, protein powder, creatine, and nicotine	31	19	30	12	7	-	1
Nutrition or healthy eating advice, such as “clean eating” or “what I eat in a day”	20	16	34	17	10	-	1

N = 1,017

Q3. In the past 3 months, has something you saw on social media, such as Instagram posts or TikTok videos, influenced your decision to change any of the following?

[SELECT ALL THAT APPLY]

NORC 4/30-5/14/2026	Yes	No	DK	SKP/ REF
The amount or types of food you eat such as low-calorie, high-protein, high fiber, “clean eating,” or fasting	35	63	-	2
Your exercise or physical activity routine	48	50	-	2
Your use of vitamins, supplements, or performance-enhancing products, such as protein powder, creatine, pre-workout, and muscle-building products	26	72	-	3
Your use of prescription medications or injections, such as weight loss medications and hormones	14	82	-	3

N = 1,017

Q4. In the past 3 months, how often have you used an AI-powered tool (such as a chatbot like ChatGPT, Claude, or Gemini) to ask for information or get advice about any of the following topics?

For each topic, please select how often you used AI.

NORC 4/30-5/14/2026	Never	Rarely	Sometimes	Often	Very often	DK	SKP/ REF
Diet or nutrition	54	16	21	5	3	-	2
Exercise or physical activity	51	13	22	8	3	-	2
Vitamins, supplements, or performance products	61	14	16	5	2	-	2
Prescription medications or injections	71	10	11	3	2	-	2
Another health topic such as sleep, mental health, stress, substance use, relationships, etc.	71	6	8	4	3	-	8

N = 1,017

HELD FOR FUTURE RELEASE

Q5. How trustworthy or untrustworthy do you find health information, such as posts about physical health, mental health, fitness, or wellness, when shared on social media by each of the following?

AGE

	NORC 4/30-5/14/2026
13	19
14	20
15	19
16	21
17	22
N=	*1,017*

SEX

	NORC 4/30-5/14/2026
Male	51
Female	49
N=	*1,017*

RACE/ETHNICITY

	NORC 4/30-5/14/2026
White, non-Hispanic	48
Black, non-Hispanic	13
Hispanic	27
Other non-Hispanic	13
N=	*1,017*

PARENTAL EDUCATION

	NORC 4/30-5/14/2026
High school graduate or equivalent or less than a high school diploma	27
Some college	24
Bachelor's degree or higher	49
N=	*1,017*

HOUSEHOLD INCOME

	NORC 4/30-5/14/2026
Less than $30,000	19
$30,000 to under $60,000	22
$60,000 to under $100,000	20
$100,000 or more	39
N=	*1,017*

Study Methodology

NORC at the University of Chicago funded and conducted this survey.

We collected data using the AmeriSpeak® Teen Omnibus, a quarterly multi-client survey. The survey included questions about other topics not included in this report. We collected data using both probability and nonprobability sample sources. We conducted interviews between April 30 and May 14, 2026, with teens ages 13 to 17 representing all 50 states and the District of Columbia.

The probability sample comes from AmeriSpeak® Teen, NORC's nationally representative sample of U.S. teens ages 13 to 17 recruited with a parent or guardian's consent to take surveys for us. AmeriSpeak Teen members are recruited via adults in the AmeriSpeak panel, NORC's probability-based panel designed to be representative of the U.S. household population. During the initial recruitment phase of the AmeriSpeak 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.

The AmeriSpeak Teen panel has the same probability-based design as the adult household panel and is similarly representative of the U.S. population. Parents and legal guardians are invited to nominate and consent to their 13- to 17-year-old children's participation in the AmeriSpeak Teen panel. The teens must live in the AmeriSpeak adult panelist's home at least three months of the year. Upon receiving parent consent, NORC reaches out via USPS mailings and email to the eligible nominated teens to join the Teen panel.

Teens who join the panel become regular members, providing basic profile demographic information and taking surveys when invited. AmeriSpeak can reach out directly to empaneled teens to administer surveys that do not address or involve sensitive topics that would require study-specific parental consent. As a courtesy, parents are notified each time their empaneled teen is invited to complete a survey regarding non-sensitive topics. We again seek parental consent before we invite empaneled teens to take any surveys that include questions about sensitive topics.

Teen panel members were invited by email to complete the survey, and 682 completed it via the web. Interviews were conducted in English. Respondents were offered a small monetary incentive (five dollars) for completing the survey. The final stage completion rate is 47.2 percent, and the weighted household panel recruitment rate is 24.8 percent, for a cumulative response rate of 11.7 percent.

Prodege, a consumer marketing company, provided 335 nonprobability interviews with teens ages 13 to 17, after obtaining study-specific consent from parents and legal guardians. The nonprobability sample was derived based on quotas related to age, race and ethnicity, and sex. Interviews were conducted in English and via the web. Prodege uses a variety of invitations for panel recruitment, including email, phone alerts, banners, and messaging on panel community sites, to include people with a diversity of motivations to take part in research. Because nonprobability panels do not start with a frame where there is known probability of selection, standard measures of sampling error and response rates cannot be calculated.

NORC conducted quality assurance checks to ensure data quality. In total, we removed 15 interviews for nonresponse to at least 50 percent of the questions asked of the respondents, 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.

To combine the nonprobability and probability samples, NORC used TrueNorth® calibration, an innovative approach developed at NORC. TrueNorth uses the probability sample—which, when properly weighted, provides an unbiased representation—to correct for potential bias in the nonprobability sample.

The final TrueNorth weights are developed in three steps:

1. NORC fits a weighted tree model to the combined probability and nonprobability sample.
2. Based on that model, we estimate each respondent's probability of inclusion in the combined sample and compute the initial weights as the inverse of the estimated probabilities.
3. Those weights are adjusted using poststratification techniques, including calibration to population benchmarks and weight trimming.

Raking variables for both the probability and nonprobability samples included age, sex, Census region, race/ethnicity, and parent's highest level of education. Population control totals for the raking variables were obtained from the 2026 February Monthly Current Population Survey. The weighted data reflect the U.S. population of people ages 13 to 17.

The overall margin of sampling error for the combined sample is +/- 4.3 percentage points at the 95 percent confidence level, including the design effect. The margin of sampling error may be higher for subgroups.

Sampling error is only one of many potential sources of error, and there may be other unmeasured error in this or any other survey.

Information on the AmeriSpeak panel methodology is available at: https://amerispeak.norc.org/about-amerispeak/panel-design.html.

Information on the TrueNorth approach can be found at: https://amerispeak.norc.org/our-capabilities/Pages/TrueNorth.aspx.

For more 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 Adolescent Health Expertise

Adolescence is a period rich with opportunity, and with risks to young people's well-being, mental health, and physical safety. NORC conducts surveys and program evaluations that help policymakers and practitioners understand and respond to these challenges in school and community settings, from substance use and mental health to violence prevention and healthy relationship development. Learn more: **Adolescent Health & Youth Well-Being**