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How Americans View Weight-Loss Drugs and Their Potential Impact on Obesity in the U.S.

Many view these drugs as good options for people with weight-related health conditions; doubts about national impact on obesity

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How we did this

Pew Research Center conducted this study to understand Americans' views of drugs being used for weight loss. For this analysis, we surveyed 10,133 U.S. adults from Feb. 7 to 11, 2024.

Everyone who took part in the survey is a member of the Center's American Trends Panel (ATP), an online survey panel that is recruited through national, random sampling of residential addresses. This way, nearly all U.S. adults have a chance of selection. The survey is weighted to be representative of the U.S. adult population by gender, race, ethnicity, partisan affiliation, education and other categories. Read more about the [ATP's methodology](#).

Here are the [questions used for this report](#), along with responses, and [its methodology](#).

How Americans View Weight-Loss Drugs and Their Potential Impact on Obesity in the U.S.

Many view these drugs as good options for people with weight-related health conditions; doubts about national impact on obesity

A new Pew Research Center survey examines Americans' attitudes about a new class of drugs being used for weight loss, including Ozempic and Wegovy.

In this report, we cover views of:

- The use of weight-loss drugs
- The impact of weight-loss drugs on obesity in America
- The factors that impact a person's weight, including the role of willpower

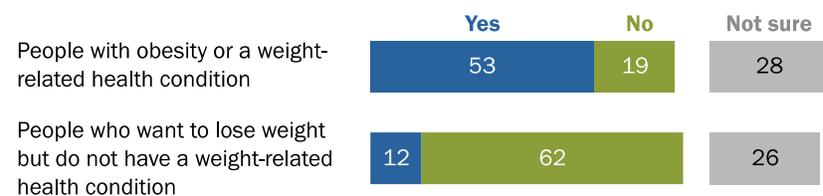
Views of weight-loss drugs

About three-quarters of Americans say they have heard a lot or a little about Ozempic, Wegovy and other similar drugs that are being used for weight loss. Among those familiar with these drugs, 53% think they are good options to lose weight for people with obesity or a weight-related health condition, while just 19% think they are not good options and 28% say they're not sure.

By contrast, just 12% of those familiar with these drugs say they are good options for people who want to lose weight but *do not* have a weight-related health condition. A far larger share (62%) say these drugs are not good options for people without a weight-related health condition, while 26% aren't sure.

Americans more likely to view Ozempic, similar drugs as good weight-loss options for people with obesity than for people without a weight-related condition

Among U.S. adults who have heard of Ozempic, Wegovy and other similar drugs, % who say they are **good options for weight loss** for ...



Note: Based on U.S. adults who have heard of Ozempic, Wegovy and other similar drugs. Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 7-11, 2024.

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[Ozempic and Wegovy belong to a class of drugs called GLP-1 agonists](#) that manage blood sugar levels and suppress appetite. Ozempic is approved by the Food and Drug Administration for treating diabetes, while Wegovy is approved for people with obesity or excess weight who also have a weight-related health condition. Mounjaro and Zepbound are other similar drugs. Mounjaro is for treating diabetes, while Zepbound is for people with obesity.¹

[Demand for Ozempic and Wegovy has led to supply shortages](#), raising concerns about off-label use and impacting people who rely on these drugs to manage their health conditions.²

Impact of weight-loss drugs on obesity in America

Some experts have heralded drugs like Ozempic as a [breakthrough for treating obesity in America](#) and a catalyst for changing the way excess weight conditions are understood.³

For now, the public has modest expectations for the impact drugs like Ozempic and Wegovy will have on obesity in the United States. Only 16% of those familiar with these drugs think they will do a great deal or quite a bit to reduce obesity, while 35% think they will do some and 33% expect they will do not much or nothing at all to reduce obesity in the U.S. (15% say they're not sure).

About four-in-ten U.S. adults have obesity, according to the [Centers for Disease Control and Prevention](#), and there's been a significant increase in the share of Americans with this disease over the past two decades. Obesity is linked to a number of conditions that can lead to premature death, including heart disease and type 2 diabetes. It also accounts for billions of dollars in health care costs each year.

By and large, views on the use and impact of weight-loss drugs are similar across most major demographic groups. For instance, comparable shares of women (56%) and men (51%) who are

Modest expectations for the impact Ozempic and other similar drugs will have on obesity in America

Among U.S. adults who have heard of Ozempic, Wegovy and other similar drugs, % who think they will do ___ to reduce obesity in America



Note: Based on U.S. adults who have heard of Ozempic, Wegovy and other similar drugs. Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted Feb. 7-11, 2024.

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¹ Blum, Dani. "What Is Ozempic and Why Is It Getting So Much Attention?" Nov. 13, 2023. The New York Times.

² Rapaport, Lisa. "Ozempic Shortage: How a Weight Loss Fad Has Slashed Access to a Diabetes Drug." Dec. 4, 2023. Everyday Health

³ Couzin-Frankel, Jennifer. "Obesity meets its match." Dec. 14, 2023. Science.

familiar with these drugs think they are good options for weight loss for people with obesity or a weight-related health condition. And men and women are also similar in their expectations about the impact these drugs will have on obesity in the U.S. [Go to the Appendix for more details.](#)

One modest difference in views: Those who have heard *a lot* about these drugs are somewhat more optimistic than those who have heard *a little* to say they will reduce obesity in the U.S. a great deal or quite a bit (27% vs. 11%).

How Americans think about weight and weight loss

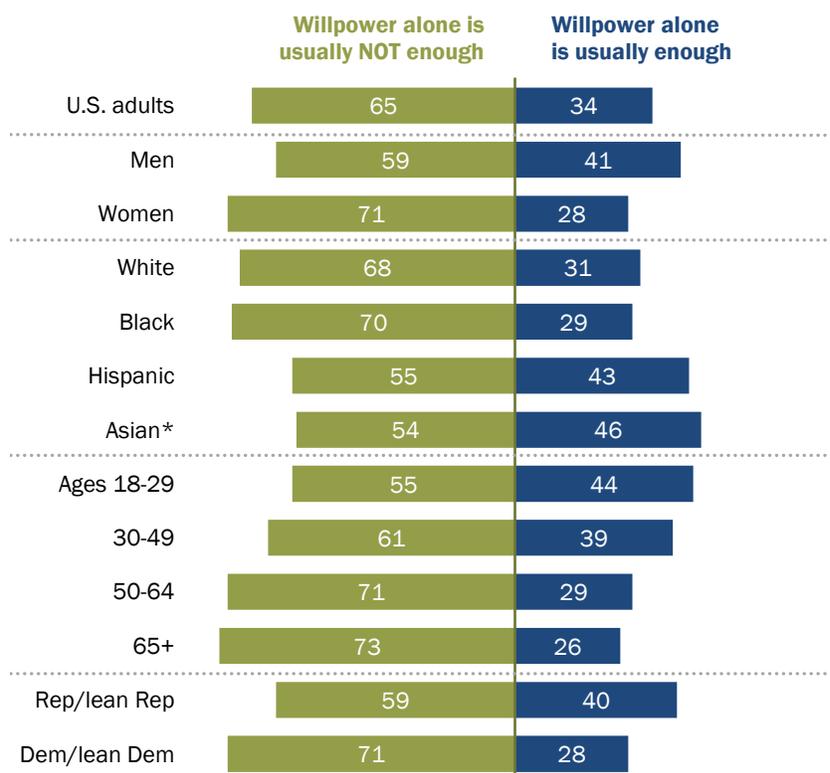
[The boom in popularity of Ozempic and other similar drugs](#) has become part of a broader societal discussion about weight and the factors that shape it, including [behavior, environment and genetics.](#)

On balance, Americans do not believe willpower alone is enough to lose weight and keep it off. About two-thirds (65%) say willpower alone is usually *not* enough for people who are trying to lose weight and keep it off. By contrast, 34% think that willpower is usually enough for most people who are trying to lose weight.

The view that losing weight is not only a matter of willpower is widely held across most demographic groups. There

65% of Americans say willpower alone is not enough for most people to lose weight and keep it off

% of U.S. adults who say that for most people who are trying to lose weight and keep it off ...



* 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 not Hispanic. Hispanic adults are of any race.

Source: Survey of U.S. adults conducted Feb. 7-11, 2024.

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are, however, some differences by demographic characteristics:

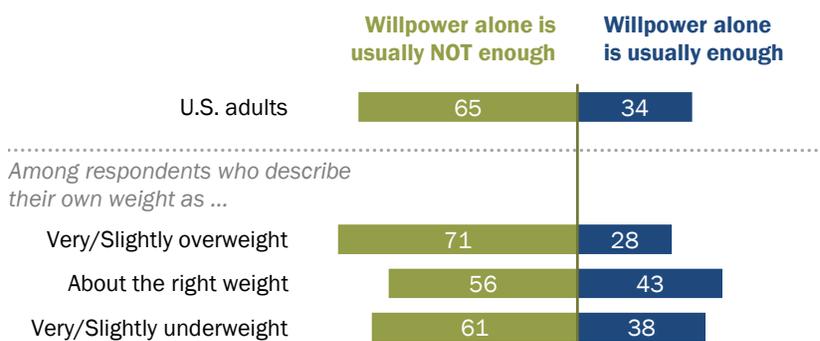
- **Gender:** Women are more likely than men to say willpower alone is not enough for most people (71% vs. 59%).
- **Race and ethnicity:** Large majorities of White and Black adults say willpower alone is not enough to lose weight and keep it off (68% and 70%, respectively). Smaller majorities of Hispanic and English-speaking Asian adults say the same (55% and 54%).
- **Age:** Larger shares of older than younger adults believe that willpower alone is not enough for most people to lose weight (though this remains the predominant view across all age groups).

The survey also includes a question on respondents' self-reported perception of their own weight that is used in [CDC surveys](#).

Notably, majorities of adults across all perceived weight types say losing weight and keeping it off involves more than just willpower alone. Among those who describe their weight as very or slightly overweight, 71% say willpower alone is usually not enough for people who are trying to lose weight. Majorities of those who describe their weight as about right (56%) or very or slightly underweight (61%) also take this view, though by somewhat smaller margins.

Views on weight loss and willpower by respondents' description of their own weight

% of U.S. adults who say that for most people who are trying to lose weight and keep it off ...



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

Source: Survey of U.S. adults conducted Feb. 7-11, 2024.

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What factors impact a person's weight?

Asked about the impact of different factors on a person's weight, Americans rank diet at the top of the list: A large majority says diet affects a person's weight a great deal (57%) or quite a bit (29%). Exercise habits rank second, with 43% saying this impacts a person's weight a great deal and 36% saying it has quite a bit of impact.

Three-quarters of Americans say stress and anxiety has at least quite a bit of impact on a person's weight, including 35% who say it has a great deal of impact.

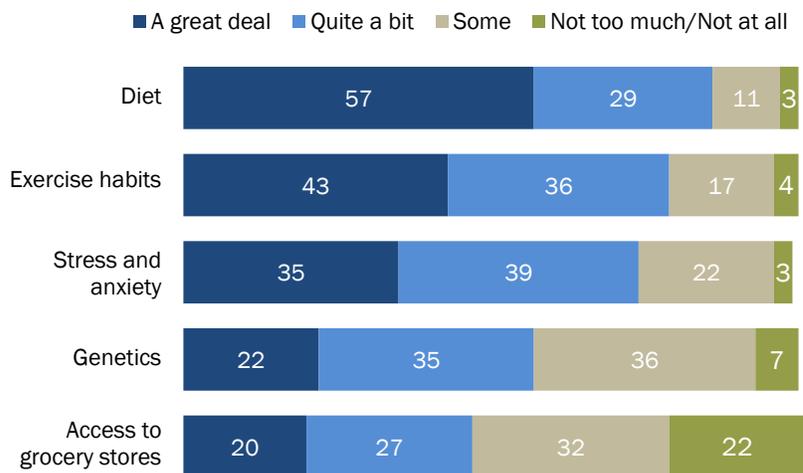
A majority also says genetics influence a person's weight at least quite a bit, though the share saying genetics has a great deal of impact (22%) is 13 percentage points lower than the share who say the same about stress and anxiety.

Roughly half say access to grocery stores affects a person's weight at least quite a bit, including 20% who say it has a great deal of impact. Access to grocery stores and things like safe, convenient places to exercise are among what public health experts describe as the [social determinants of health](#).

Americans across different traits and demographic characteristics hold largely similar views on what affects a person's weight. There are some modest differences in views by self-described weight: Adults who say they are very or slightly overweight are 11 points more likely to say stress and anxiety affects a person's weight a great deal than those who describe their weight as about right (40% vs. 29%).

Diet and exercise top public's list of factors affecting a person's weight; many also cite stress and anxiety

% of U.S. adults who say each of the following affects a person's weight ...



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

Source: Survey of U.S. adults conducted Feb. 7-11, 2024.

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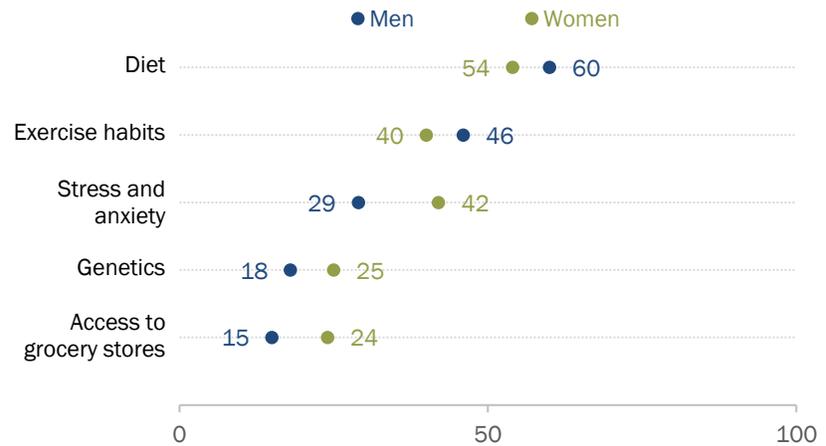
Men and women largely agree on the factors influencing weight. For instance, diet tops the list for both men and women.

Still, women are more likely than men to emphasize the role of stress and anxiety.

Women are about as likely to say stress and anxiety affects a person's weight a *great deal* as to say exercise has this level of impact (42% vs. 40%). Black and Hispanic women are especially likely to emphasize the impact of stress and anxiety on weight.

Women are more likely than men to say stress and anxiety affects a person's weight a great deal

% of U.S. adults who say each of the following affects a person's weight a *great deal*



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

Source: Survey of U.S. adults conducted Feb. 7-11, 2024.

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By contrast, men place more emphasis on exercise habits than stress and anxiety when it comes to factors that affect a person's weight a great deal (46% vs. 29%).

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pewresearch.org/science.

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Methodology

The American Trends Panel survey methodology

Overview

The American Trends Panel (ATP), created by Pew Research Center, is a nationally representative panel of randomly selected U.S. adults. Panelists participate via self-administered web surveys. Panelists who do not have internet access at home are provided with a tablet and wireless internet connection. Interviews are conducted in both English and Spanish. The panel is being managed by Ipsos.

Data in this report is drawn from ATP Wave 142, conducted from Feb. 7 to Feb. 11, 2024, and includes an [oversample](#) of non-Hispanic Asian adults, non-Hispanic Black men and Hispanic men 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. A total of 10,133 panelists responded out of 11,117 who were sampled, for a response rate of 91%. 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 less than 1%. The margin of sampling error for the full sample of 10,133 respondents is plus or minus 1.5 percentage points.

Panel recruitment

The ATP was created in 2014, with the first cohort of panelists invited to join the panel at the end of a large, national, landline and cellphone random-digit-dial survey that was conducted in both English and Spanish. Two additional recruitments were conducted using the same method in 2015 and 2017, respectively. Across these three surveys, a total of 19,718 adults were invited to join the ATP, of whom 9,942 (50%) agreed to participate.

In August 2018, the ATP switched from telephone to address-based sampling (ABS)

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 Delivery Sequence File. This Postal Service file has been estimated to cover as much as 98% of the population, although some studies suggest that the coverage could be in the low 90% range.⁴ Within each sampled household, the adult with the next birthday is asked to participate. Other details of the ABS recruitment protocol have changed over time but are available upon request.⁵

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

Across the six address-based recruitments, a total of 23,862 adults were invited to join the ATP, of whom 20,917 agreed to join the panel and completed an initial profile survey. Of the 30,859

American Trends Panel recruitment surveys

Recruitment dates	Mode	Invited	Joined	Active panelists remaining
Jan. 23 to March 16, 2014	Landline/ cell RDD	9,809	5,338	1,391
Aug. 27 to Oct. 4, 2015	Landline/ cell RDD	6,004	2,976	831
April 25 to June 4, 2017	Landline/ cell RDD	3,905	1,628	404
Aug. 8 to Oct. 31, 2018	ABS	9,396	8,778	3,848
Aug. 19 to Nov. 30, 2019	ABS	5,900	4,720	1,387
June 1 to July 19, 2020; Feb. 10 to March 31, 2021	ABS	3,197	2,812	1,440
May 29 to July 7, 2021; Sept. 16 to Nov. 1, 2021	ABS	1,329	1,162	731
May 24 to Sept. 29, 2022	ABS	3,354	2,869	1,454
April 17 to May 30, 2023	ABS	686	576	434
	Total	43,580	30,859	11,920

Note: RDD is random-digit dial; ABS is address-based sampling. Approximately once per year, panelists who have not participated in multiple consecutive waves or who did not complete an annual profiling survey are removed from the panel. Panelists also become inactive if they ask to be removed from the panel.

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⁴ AAPOR Task Force on Address-based Sampling. 2016. “AAPOR Report: Address-based Sampling.”

⁵ Email pewsurveys@pewresearch.org.

individuals who have ever joined the ATP, 11,920 remained active panelists and continued to receive survey invitations at the time this survey was conducted.

The American Trends Panel never uses breakout routers or chains that direct respondents to additional surveys.

Sample design

The overall target population for this survey was noninstitutionalized persons ages 18 and older living in the U.S., including Alaska and Hawaii. It featured a stratified random sample from the ATP in which Hispanic men, non-Hispanic Black men and 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 Ipsos. The web program was rigorously tested on both PC and mobile devices by the Ipsos project management team and Pew Research Center researchers. The Ipsos project management 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 a gift code to Amazon.com or could choose to decline the incentive. Incentive amounts ranged from \$5 to \$15 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 Feb. 7 to Feb. 11, 2024. Postcard notifications were mailed to a subset of ATP panelists⁶ with a known residential address on Feb. 7.

⁶ Postcard notifications are sent to 1) panelists who have been provided with a tablet to take ATP surveys, 2) panelists who were recruited within the last two years, and 3) panelists recruited prior to the last two years who opt to continue receiving postcard notifications.

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 the morning of Feb. 7. The ATP panelists chosen for the initial

Invitation and reminder dates, ATP Wave 142

	Soft launch	Full launch
Initial invitation	February 7, 2024	February 7, 2024
First reminder	February 9, 2024	February 9, 2024
Final reminder	February 11, 2024	February 11, 2024

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soft launch were known responders who had completed previous ATP surveys within one day of receiving their invitation. All remaining English- and Spanish-speaking sampled panelists were included in the full launch and were sent an invitation on the afternoon of Feb. 7.

All panelists with an email address received an email invitation and up to two email reminders if they did not respond to the survey. All ATP panelists who consented to SMS messages received an SMS invitation and up to two SMS reminders.

Data quality checks

To ensure high-quality data, the Center's researchers performed data quality checks to identify any respondents showing clear 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 multistep process that accounts for multiple stages of sampling and nonresponse that occur at different points in the survey process. First, each panelist begins with a base weight that reflects their probability of selection for their initial recruitment survey. These weights are then rescaled and adjusted to account for changes in the design of ATP recruitment surveys from year to year. Finally, the weights are 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 2nd and 98th percentiles to reduce the loss in precision stemming from variance in the weights. This trimming is performed separately among non-Hispanic Black, non-Hispanic Asian, Hispanic and all other respondents. Sampling errors and tests of statistical significance take into account the effect of weighting.

American Trends Panel weighting dimensions

Variable	Benchmark source
Age (detailed)	2022 American Community Survey (ACS)
Age x Gender	
Education x Gender	
Education x Age	
Race/Ethnicity x Education	
Black (alone or in combination) x Hispanic	
Born inside vs. outside the U.S. among Hispanics and Asian Americans	
Years lived in the U.S.	
Census region x Metropolitan status	
Volunteerism	
Voter registration	2022 CPS Voting and Registration Supplement
Party affiliation x Race/Ethnicity	2023 National Public Opinion Reference Survey (NPORS)
Frequency of internet use	
Religious affiliation	

Note: Estimates from the ACS are based on noninstitutionalized adults. Voter registration is calculated using procedures from Hur, Achen (2013) and rescaled to include the total U.S. adult population.

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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.

Sample sizes and margins of error, ATP Wave 142

Group	Unweighted sample size	Plus or minus ...
Total sample	10,133	1.5 percentage points
Form 1	5,050	2.1 percentage points
Form 2	5,083	2.1 percentage points
Men	4,557	2.3 percentage points
Women	5,485	1.9 percentage points
White	6,505	1.7 percentage points
Black	1,258	4.2 percentage points
Hispanic	1,252	4.9 percentage points
Asian*	651	6.0 percentage points
Ages 18-29	747	4.7 percentage points
30-49	3,239	2.6 percentage points
50-64	2,935	2.6 percentage points
65+	3,189	2.4 percentage points
Rep/lean Rep	4,594	2.1 percentage points
Dem/lean Dem	5,227	2.1 percentage points

Note: This survey includes oversamples of non-Hispanic Asian adults, non-Hispanic Black men, and Hispanic men. 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 142

	AAPOR code	Total
Completed interview	1.1	10,133
Logged on to survey; broke off	2.12	27
Logged on to survey; did not complete any items	2.1121	81
Never logged on (implicit refusal)	2.11	873
Survey completed after close of the field period	2.27	1
Completed interview but was removed for data quality		2
Screened out		0
Total panelists sampled for the survey		11,117
Completed interviews	I	10,133
Partial interviews	P	0
Refusals	R	981
Non-contact	NC	1
Other	O	2
Unknown household	UH	0
Unknown other	UO	0
Not eligible	NE	0
Total		11,117
AAPOR RR1 = I / (I+P+R+NC+O+UH+UO)		91%

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Cumulative response rate as of ATP Wave 142

	Total
Weighted response rate to recruitment surveys	11%
% of recruitment survey respondents who agreed to join the panel, among those invited	71%
% of those agreeing to join who were active panelists at start of Wave 142	45%
Response rate to Wave 142 survey	91%
Cumulative response rate	3%

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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 2021. 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 \$71,800. Using this median income, the middle-income range is about \$47,900 to \$143,600. Lower-income families have adjusted incomes less than \$47,900, and upper-income families have adjusted incomes greater than \$143,600 (all figures expressed in 2022 dollars and scaled to a household size of three). If a panelist did not provide their income and/or their household size, they are assigned "no answer" in the income tier variable.

Two examples of how a given area's cost-of-living adjustment was calculated are as follows: The Anniston-Oxford metropolitan area in Alabama is a relatively inexpensive area, with a price level that is 16.2% 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 19.8% 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 \$41,900 in the Anniston-Oxford area is as well-off financially as a family of the same size with an income of \$59,900 in San Francisco.

A note about the Asian adult sample

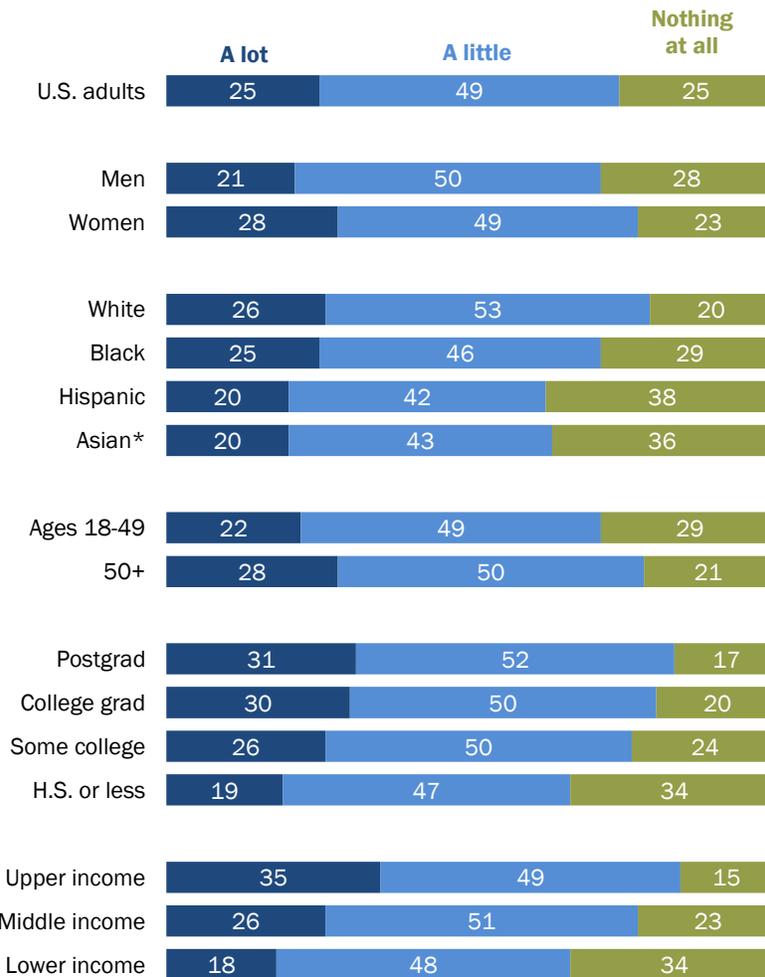
This survey includes a total sample size of 651 Asian adults. The sample primarily includes English-speaking Asian adults and, therefore, may not be representative of the overall Asian adult population. Despite this limitation, it is important to report the views of Asian adults on the topics in this study. As always, Asian adults' responses are incorporated into the general population figures throughout this report.

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Appendix: Detailed chart and tables

Majority of Americans have heard at least a little about Ozempic, Wegovy and other similar drugs

% of U.S. adults who say they have heard or read ___ about Ozempic, Wegovy and other similar drugs that are being used for weight loss



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 not Hispanic. Hispanic adults are of any race. Family income tiers are based on adjusted 2022 earnings.

Source: Survey of U.S. adults conducted Feb. 7-11, 2024.

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Views of Ozempic and other similar drugs as options for weight loss across demographic groups

Among U.S. adults who have heard of Ozempic, Wegovy and other similar drugs, % who say they are a **good** options for weight loss for ...

	People with obesity or a weight-related health condition			People who want to lose weight but do not have obesity or a weight-related health condition		
	<u>Yes</u>	<u>No</u>	<u>Not sure</u>	<u>Yes</u>	<u>No</u>	<u>Not sure</u>
U.S. adults	53	19	28	12	62	26
Men	51	21	29	13	58	28
Women	56	18	26	11	66	23
White	54	18	28	10	65	25
Black	54	19	27	17	56	27
Hispanic	51	23	26	17	56	27
Asian*	52	14	34	13	56	31
Ages 18-29	52	23	25	13	63	24
30-49	55	19	26	15	58	27
50-64	55	17	28	11	63	26
65+	50	18	32	8	66	26
Upper income	64	14	21	13	63	24
Middle income	54	19	27	11	65	24
Lower income	47	21	32	14	56	30
Rep/lean Rep	50	23	27	12	64	24
Dem/lean Dem	57	15	28	12	61	27

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 not Hispanic. Hispanic adults are of any race. Family income tiers are based on adjusted 2022 earnings.

Source: Survey of U.S. adults conducted Feb. 7-11, 2024.

"How Americans View Weight-Loss Drugs and Their Potential Impact on Obesity in the U.S."

PEW RESEARCH CENTER

Survey question wording and topline

**2024 PEW RESEARCH CENTER'S AMERICAN TRENDS PANEL
WAVE 142 – SCIENCE TOPLINE
February 7-11, 2024
N=10,133**

OTHER QUESTIONS HELD FOR FUTURE RELEASE

ASK ALL:

FACTWGT

How much do you think each of the following affects a person's weight? **[RANDOMIZE ITEMS; RANDOMIZE RESPONSE OPTIONS 1-5 OR 5-1]**

		A great <u>deal</u>	<u>Quite a bit</u>	<u>Some</u>	Not too <u>much</u>	<u>Not at all</u>	No <u>answer</u>
a.	Genetics Feb 7-11, 2024	22	35	36	5	1	<1
b.	Diet Feb 7-11, 2024	57	29	11	2	1	<1
c.	Exercise habits Feb 7-11, 2024	43	36	17	3	1	<1
d.	Stress and anxiety Feb 7-11, 2024	35	39	22	2	1	<1
e.	Access to grocery stores Feb 7-11, 2024	20	27	32	15	7	<1

ASK ALL:

WILLPWR

For most people who are trying to lose weight and keep it off, which comes closest to your view? **[RANDOMIZE RESPONSE OPTIONS]**

Feb 7-11,
2024

34

Willpower alone is usually enough to lose weight and keep it off

65

Willpower alone is usually not enough to lose weight and keep it off

1

No answer

ASK ALL:

OZHEARD

How much have you heard or read about Ozempic, Wegovy and other similar drugs that are being used for weight loss?

Feb 7-11,
2024

25

A lot

49

A little

25

Nothing at all

<1

No answer

ASK IF HEARD A LOT OR A LITTLE (OZHEARD=1,2) [N=8,061]:

OZUSE Do you think Ozempic, Wegovy and other similar drugs are good options for weight loss for each of the following? **[RANDOMIZE ITEMS]**

	<u>Yes</u>	<u>No</u>	<u>Not sure</u>	<u>No answer</u>
a. People with obesity or a weight-related health condition Feb 7-11, 2024	53	19	28	<1
b. People who want to lose weight but are not obese and do not have a weight-related health condition Feb 7-11, 2024	12	62	26	<1

ASK IF HEARD A LOT OR A LITTLE (OZHEARD=1,2) [N=8,061]:

REDUCEOBES Over the long run, how much do you think Ozempic, Wegovy and other similar drugs will do to reduce obesity in America? **[RANDOMIZE RESPONSE OPTIONS 1-5 OR 5-1 IN SAME ORDER AS FACTWGT WITH 6 ALWAYS LAST]**

Feb 7-11,
2024

4	A great deal
13	Quite a bit
35	Some
28	Not too much
5	Nothing at all
15	Not sure
<1	No answer

OTHER QUESTIONS HELD FOR FUTURE RELEASE**ASK ALL:**

SELFWGT How would you describe your weight? **[RANDOMIZE ORDER OF RESPONSE OPTIONS 1-5 and 5-1]**

Feb 7-11,
2024

12	Very overweight
44	Slightly overweight
37	About the right weight
5	Slightly underweight
1	Very underweight
1	No answer