osteoporosis, etc.) and mental health conditions (depression, anxiety disorder, and panic disorder). This outcome can be applied to multiple predictors.

THE RELATIONSHIP BETWEEN ACTIVITY PARTICIPATION AND COGNITIVE FUNCTIONING
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Researchers are growing increasingly interested in how the diversity of daily activities are related to well-being. The current study examined how both frequency and diversity in daily activities are associated with cognitive functioning. Participants from the third wave (2013-2016) of the Midlife Development in the U.S (MIDUS) survey (N=1281) completed both a telephone-based cognitive assessment and a mailed survey asking about participation in three different types of activities: cognitive (e.g., doing word games, attending educational lectures or courses), physical (e.g., exercise, home chores), and social (volunteer work, attending sports or social groups). Frequency of activity participation was assessed with items asking how often they engaged in these activities, and diversity of activity participation was calculated by summing the number of activities they reported doing in each category. All analyses included sociodemographic variables, health status, and openness to experience as covariates. Findings from multiple regression indicated that greater frequency in all activities (cognitive, physical, and social) was related to higher levels of cognitive functioning. Greater diversity of social activity was also related to higher cognitive functioning. Education mediated the association between diversity in cognitive activities and cognitive functioning, suggesting that the link between higher levels of cognitive functioning and education may be partly attributed to people with higher levels of education engaging in greater diversity of cognitive activity.

SESSION 2960 (POSTER)

SLEEP AND AGING

BETTER NIGHT’S SLEEP AND SUBJECTIVE COGNITION: THE ROLE OF DAY AND NIGHT WORK SHIFTS
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Previous research indicates poor sleep and cognitive functioning are associated. Studies have yet to consider the role of work shift on this relationship. The current study examined the sleep and subjective cognition relationship in nurses, and if this relationship differed for day- and night-shift nurses. Sixty-one nurses (M=35.39, SD=11.73; 39 day-, 22 night-shift) reported their nightly sleep characteristics and next-day subjective cognition (i.e., processing speed, memory, and mental focus) using ecological momentary assessments for 2 weeks. Multilevel models controlled for sociodemographic characteristics and decomposed the variance attributed by between- and within-person levels. At the within-person level, better sleep the previous night was associated with better subjective cognition the following day. This relationship was more apparent in night-shift nurses than in day-shift nurses, such that (a) longer sleep duration predicted better mental focus (B=1.62, p<.05) and (b) higher sleep quality predicted better memory (B=8.67, p<.001). At the between-person level, better sleep overall was associated with better subjective cognition across days. This association was more apparent in day-shift nurses than in night-shift nurses, such that (a) better sleep quality and sufficiency predicted faster processing speed (B=34.33; B=26.28; p<.001) and (b) better sleep quality and greater sleep sufficiency predicted better memory (B=30.94; B=23.09; p<.001). Findings suggest that sleep characteristics are associated with subjective cognition in nurses day-to-day and on average. Specific sleep characteristics associated with subjective cognition differ between day- and night-shift nurses, presumably due to differences in their sleep issues and perceived cognitive abilities.

BINGE DRINKING, DEPRESSIVE SYMPTOMS, AND SLEEP HEALTH IN MIDDLE-AGED AND OLDER ADULTS
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Unhealthy alcohol consumption such as binge drinking and depression are common problems among adults. The combined effect of binge drinking and depression might contribute to negative health outcomes, such as accidents, addiction, or sleep problems. Previous evidence has indicated that alcohol consumption differs by age. However, little is known about the association between binge drinking, depression, and sleep health, and how age might play a role in this association. This study aimed to examine the association between binge drinking, depressive symptoms, and sleep health in middle-aged and older adults and characterize any age differences. A total of 5191 middle-aged and older adults from the 2014 Core Survey of the Health and Retirement Survey (HRS) data aged 50 to 80 were included for this study. Binge drinking was defined as the consumption of 5 or more drinks (men) and 4 or more drinks (women) per drinking day. Depressive symptoms were measured using a validated 8-item Center for Epidemiologic Studies Depression Scale. Sleep health was assessed using a composite measure. Age was grouped into middle-aged (50-64.9 years) and older (65-79.9 years) adults. Multiple linear regression analysis was used to examine the associations between variables of interest. Our findings indicated that binge drinking and depressive symptoms negatively influenced sleep health among middle-aged adults, however this relationship was not found in older adults. Clinicians should simultaneously assess problematic alcohol consumption, depressive symptoms, and sleep health. Future research can develop and test age-specific interventions to reduce unhealthy drinking behaviors in middle-aged adults.

DAILY ASSOCIATION BETWEEN SLEEP AND STRESSORS: ROLE OF CAREGIVING AT WORK AND HOME
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Previous research shows that adults with children experience poor sleep. We know that poor sleep is associated with experiencing more frequent and severe stressors (i.e, subjective feelings of believing his/her life is uncontrollable,
unpredictable and overloading) the following day. This study examined whether the sleep—stressor relationship is stronger for individuals with children than those without. Participants were 61 oncology nurses (92% female). Participants completed a background survey that assessed sociodemographic and work characteristics. Using 14 days of ecological momentary assessments, participants reported their sleep characteristics daily upon waking. Three times daily, they also reported whether they experienced any stressors and how severe those stressors were. Multilevel modeling was used to assess whether the sleep—stressor relationship was stronger in nurses with children than those without. After controlling for sociodemographic covariates, poorer sleep quality was associated with more severe stressors. This daily association was moderated by the presence of children (β=-16.89, p<.01); the association was apparent for individuals with children (β=-5.74, p<.05), but not for those without. The daily association for sleep quality and stressor frequency also differed by the presence of children (β=0.22, p<.01), although the slope for individuals without children did not reach the statistical significance. These findings suggest that individuals with children are at risk for experiencing a stronger linkage between poorer sleep and greater stressor severity. Improving sleep health among adults with children is critical for stress management. Future studies should examine whether age of children or number of children further influences the sleep—stressor relationship.

DAILY ASSOCIATION BETWEEN SLEEP AND STRESSORS: ROLE OF PERSONALITY TRAITS

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Poor sleep is associated with more stress across adult populations. The sleep—stress relationship is particularly important in nurses who are vulnerable to daily work-related stressors and poor sleep. Nurses with certain personality traits may be more vulnerable, however, the role that personality plays in the sleep—stress relationship has not previously been examined with lack of research in nurses. We examined how personality moderated the association between sleep characteristics and the perception of daily stressors in nurses. Participants were 61 oncology nurses who responded to a background survey that included a personality measure and completed 14 days of ecological momentary assessments. Each morning, participants reported sleep characteristics (i.e., perceived sleep sufficiency, sleep duration). Three times daily, participants reported their stressor experiences. We used multilevel models adjusting for sociodemographic characteristics, work shift, and work day. Results showed that on average across 2 weeks, participants with higher sleep sufficiency (β=-21.06, p<.05) and longer sleep duration (β=-17.39, p<.01), but not those with higher agreeableness (β=-5.66, p>.05). These findings indicate that the protective nature of longer sleep duration on stressful experiences may not occur in nurses high in agreeableness. Nurses high in agreeableness may take on more responsibilities, exposing themselves to more daily stress. Thus, nurses who are high in agreeableness may be a good target population for stress-reduction interventions.

DAILY RELATIONSHIPS BETWEEN PHYSICAL ACTIVITY AND SLEEP: DIFFERENCES BETWEEN SUBJECTIVE AND OBJECTIVE MEASURES

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Although there is evidence that physical activity (PA) and sleep are related, it is unclear which aspects of these multidimensional constructs are involved. Many have examined differences in PA and sleep between persons, but few have tested daily associations within persons. The present study examined sleep (duration; hours spent asleep, WASO; wake after sleep onset, latency; time to fall asleep) and PA (total and intensity) over 7 days, using both a self-reported diary (subjective) and an ActiWatch (objective). Healthy adults between 34 and 83 came to University of Wisconsin, Madison to participate in the Midlife in the United States (MIDUS) Biomarker study (N=436, Mage: 56.92, SDage: 11.5). Subjective and objective measures showed differential relationships; subjective duration was higher, and latency was lower than objective measures. Some age differences were also found; older adults reported more WASO than middle-aged adults, but their WASO was similar according to actigraphy. Multilevel models revealed that total PA and intensity significantly predicted subjective and objective sleep measures, controlling for age, sex, and other demographic variables. More active participants had shorter sleep durations, WASO, and latency. Within-person analyses revealed that on days one is more active than average, sleep duration is shorter with less WASO across age. Although the negative relationship between PA and sleep duration was unexpected, it is possible that because more active individuals wake less during the night, they may need fewer hours of sleep because their sleep is more restful. Discussion will focus on possible mechanisms involved in linking PA and sleep.

DAY-TO-DAY VARIABILITY IN LONELINESS: ASSOCIATIONS WITH AGE, SLEEP DURATION, AND HEALTH SYMPTOMS

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Research has suggested that high day-to-day individual variability (IIV) in positive emotions has negative impacts on well-being. Little research has explored the impact of IIV in negative emotions, particularly loneliness - a known risk-factor for poorer health in old age. With an estimated 25-29% of older adults reporting feelings of loneliness, it is imperative to examine age differences in the presence of IIV in loneliness and how this relates to sleep and physical health symptoms. Using data from the National Study of Daily Experiences (N=2022, Mage=56.24, Range=33-84), we examined whether (1) age was associated with IIV in loneliness, (2) greater IIV in loneliness was associated with lower average sleep duration and more physical health symptoms, and (3) age differences moderate the extent to which IIV in loneliness impacted the previous outcomes. Preliminary results indicated that age was associated with decreased IIV in loneliness (p<.001). Additionally, increased...