osteoarthritis, 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,