SOCIOECONOMIC STATUS AND SLEEP QUALITY IN RELATION TO HEALTH-RELATED QUALITY OF LIFE AMONG THE ELDERLY

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ABSTRACT

The growing number of elderly people worldwide has made it more crucial than ever to understand the factors that influence their health-related quality of life. The research intends to advance knowledge of how sleep quality and SES affect older people's general well-being by investigating these variables. This study examines how sleep quality and socioeconomic status (SES) affect the health-related quality of life (HRQoL) of elderly individuals in a barangay in Ozamiz City. As the global elderly population grows, understanding these factors is increasingly vital. Participants rated their sleep quality, SES, and HRQoL, revealing that while sleep quality was generally good, daytime dysfunction indicated underlying issues. The study found a significant positive correlation between HRQoL and both better sleep quality and higher SES. Higher SES was also linked to improved physical, emotional, and social functioning, as well as better sleep quality. The findings underscore the importance of addressing socioeconomic inequalities to enhance seniors' well-being. Recommendations include health literacy programs focusing on stress management and sleep hygiene, as well as financial and employment support from the Department of Labor and Employment (DOLE). Local Government Units (LGUs) should develop community-based initiatives to provide mental, physical, and social stimulation, and healthcare providers should improve training on senior care, with an emphasis on managing sleep disturbances. Future research should explore tailored sleep interventions and elderly perspectives on SES and sleep quality to inform more effective interventions. The study used a quantitative descriptive correlational design to explore the relationships between these variables.

Keywords: ***health promotion model (HPM)), health-related quality of life (HRQoL), sleep quality, socioeconomic status (SES), social ecological model (SEM)***

We, the researchers, humbly dedicate this work to the All-Powerful God whose unwavering leadership and courage have served as the cornerstone of our expedition. His blessings have sustained us through every challenge, enabling us to successfully complete this research.

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INTRODUCTION

Rationale/Background of the Study

The demographic makeup of societies worldwide is undergoing a significant shift towards an elderly population, with projections indicating that the number of individuals aged 65 and above will double, reaching 1.5 billion by 2050 (WHO, 2019). This phenomenon highlights the growing importance of addressing the needs and challenges faced by the elderly on a global scale. Concerning the elderly demographic, variations in health levels are notable between urban and rural areas, accompanied by distinct health risks. Concurrently, a shift in the social roles of the elderly frequently results in a fall in their socioeconomic level, affecting different areas of their existence, such as living conditions, leisure, recreation, and healthcare. Leisure activities have a substantial impact on the elderly's overall health since they relieve stress, encourage social relationships, maintain bodily functioning, and improve psychological well-being. When the elderly's health is compromised, healthcare services serve as a final resort (Zhou et al.,2022).

According to WHO (2020), the number of individuals aged 60 or older outnumbered youngsters under the age of five. Furthermore, between 2015 and 2050, the fraction of the world's population over 60 is expected to nearly double, from 12% to 22%. More concerns have been expressed among the elderly concerning quality of life and its indicators, particularly in light of the ongoing increase in hospitalization and admission of elderly persons to geriatric wards (Ajayi & Ukpoju, 2022).

A person's socioeconomic status (SES) significantly influences their quality of life (QOL). People with higher socioeconomic status have better quality of life due to a range of mediating factors (Yang et al., 2020). The World Health Organization defines Quality of Life as a person's subjective evaluation of their life situation, considering cultural, social, and personal factors. Sleep quality plays a crucial role in maintaining cognitive function and reducing the risk of dementia among older adults (Chen et al., 2021). Moreover, good sleep is associated with

improved physical and mental well-being, increased vitality, and decreased risk of various health issues (Zhang et al., 2022). Hyeon et al. (2022) conducted a study examining the sleep quality of older residents in urban areas, focusing on the impact of their living arrangements.

Health-Related Quality of Life (HRQoL) is a person's or group's subjective evaluation of their physical and mental health over time. HRQoL encompasses various dimensions of health, including physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, such as life expectancy and causes of death, and focuses on how health status affects overall well-being. Since the 1980s, researchers have emphasized the significance of HRQoL, focusing on factors that influence physical and mental health (Ma et al., 2021). HRQoL measurement is increasingly relevant in public health research, particularly in services targeting older adults (Rimaz et al., 2022). Recent studies highlight the substantial impact of various factors on the HRQoL of the elderly.

Key factors influencing Health-Related Quality of Life (HRQoL) among older adults include socioeconomic status, comorbidities, physical activity, and social support networks. Research indicates that gender, age, education level, income, and chronic diseases significantly impact HRQoL. Engaging in regular physical activity and attending routine medical check-ups can improve HRQoL. Moreover, socioeconomic status is strongly linked to future quality of life (Palmes et al., 2021), while having multiple health issues tends to lower HRQoL ratings. Addressing these factors is crucial for enhancing the overall well-being of elderly individuals (Olsson et al., 2023; Björkelund et al., 2023; Zheng et al., 2021; Wang et al., 2024).

Chu's 2022 study highlighted the need to explore factors influencing sleep quality and emphasized the importance of using objective measurement methods and considering various factors for a comprehensive assessment. Identifying these factors is crucial for developing interventions and programs to improve sleep quality. Future research should investigate potential health risks associated with sleep quality, considering demographic attributes. Collinge and Bath (2023)

suggested that future research examine the impact of financial concerns on sleep quality and how this relationship changed before, during, and after the pandemic.

This study seeks to investigate the connection between socioeconomic status and sleep quality in relation to Health-Related Quality of Life among elderly residents in a specific Barangay in Ozamiz City. The selection of this Barangay as our research site was motivated by its proximity to our research team, which provides logistical benefits for data collection. Furthermore, the Barangays' urban nature aligns with our research focus on understanding the influence of socioeconomic status on sleep quality in a distinct context. Urban areas often present unique socio-economic and healthcare challenges that can significantly impact sleep quality among the aging population.

Theoretical Framework

This study will employ the Social Ecological Model (SEM) of Bronfenbrenner (1970) and the Health Promotion Model (HPM) of Pender (1982). SEM was introduced as a conceptual framework in the 1970s, formalized as a theory in the 1980s, and continually revised by Bronfenbrenner until his death in 2005. SEM is widely used in health promotion research. The individual level is the focus of this model, encompassing individual characteristics such as age, knowledge, income, health status, and attitudes that influence the likelihood of performing a behavior (Young et al., 2018). In order to gain a better understanding of how socioeconomic factors, such as income, education, and health-related behaviors, affect sleep quality and health-related quality of life.

This model is used in this research study to comprehensively examine factors that influence sleep quality and understand its various dimensions. It evaluates the personal quality of life related to the health of older adults and how these factors interact with their sleep habits, shedding light on the complex relationship between health and sleep in older individuals. It also investigates the impact of relationships, family dynamics, and social support systems on individuals' sleep duration. Additionally, the model analyzes available community

resources and their role in facilitating or hindering restful sleep. This model is relevant because it offers a thorough analytical approach and logical framework for accurately understanding how socioeconomic factors affect the quality of sleep among older adults.

This study is also based on Nola Pender's Health Promotion Model (HPM), which she established in 1982. HPM is a widely utilized nursing theory for investigating the elements that influence individual health behaviors (Haghi et al., 2021). It offers a complete framework for analyzing and fostering healthy habits. The paradigm is founded on the idea that people have power over their own health and can make decisions to improve it. HPM is a well-known and established theoretical framework in the domains of nursing and health promotion.

Pender's HPM is a suitable theoretical framework for this research due to its focus on health-promoting behaviors, individual perceptions, and self-efficacy. The study aims to gain a better understanding of the complex relationships between socioeconomic status, sleep quality, and health-related quality of life among older adults (Haghi et al., 2021). The HPM provides a structured approach for exploring how older adults perceive the importance of sleep, the benefits they associate with it, and the challenges they face due to their socioeconomic status.

Additionally, the model provides a systematic approach to evaluating self-efficacy, shedding light on how older adults from different socioeconomic backgrounds manage and prioritize their sleep-related behaviors. By applying Pender's HPM, this research contributes to a deeper understanding of the factors that influence health behaviors among older adults, laying the groundwork for the development of effective interventions and policies that enhance their health-related quality of life.

Conceptual Framework

This study focuses on two sets of variables: the independent variable (Socioeconomic Status) and the dependent variables (Sleep Quality and Health-Related Quality of Life (HRQoL)). By integrating the Social Ecological Model and the Health Promotion Model (HPM) of Pender (1982), this study adopts a social determinant of health perspective to understand how Socioeconomic Status may influence both sleep quality and subsequently impact the overall HRQoL of older individuals. The proposed model suggests that Socioeconomic Status is a key factor, shaping access to resources and opportunities that may directly or indirectly affect sleep quality. Improved sleep quality, in turn, is hypothesized to positively influence HRQoL. The term "elderly" in this study is defined as individuals aged 65 and older, as outlined by the Merriam-Webster Dictionary (2022). A study by Yang et al. (2020) highlighted the significant impact of socioeconomic status (SES) on quality of life (QOL), revealing that individuals with higher SES tend to report better QOL. Additionally, the relationship between socioeconomic status and education is said to be strongly linked to future quality of life (Palmes et al., 2021).

Socioeconomic Status (SES). The socioeconomic status is defined in this study as a comprehensive measure of an individual's economic and social standing relative to others, following Maricopa Community College's definition (2020). This includes factors such as income, education, housing conditions, and occupation. From a social determinants of health perspective, SES is a key variable that allows us to explore how economic and social factors affect sleep quality and health-related quality of life in older adults. The three-tier classification (high, middle, and low) within this definition provides a simplified representation of the societal economic and social landscape, helping us understand the various influences on health outcomes in the elderly population.

Number of People at Home. The number of people living in a household can significantly affect an individual's socioeconomic status. Larger households often involve shared financial resources, which can alleviate or exacerbate

economic burdens depending on the availability of resources. Overcrowding can lead to stress, reduced privacy, and an increased risk of communicable diseases, negatively affecting both physical and mental health. For older adults, living in a crowded home may result in poorer sleep quality due to noise and a lack of personal space, ultimately impacting their overall health-related quality of life. According to the U.S. Census Bureau (2021), larger household sizes can be associated with increased financial strain and crowded living conditions, which have adverse effects on health outcomes.

Number of Bedrooms.The number of bedrooms in a household is another important indicator of socioeconomic status. It reflects housing quality and living conditions, which are directly related to an individual's health outcomes. Adequate bedroom space is essential for ensuring restful sleep, which is critical for maintaining good health, especially in the elderly. Having adequate bedrooms can help reduce stress and promote healthier sleeping habits, resulting in higher sleep quality and general well-being. However, a lack of beds can lead to congestion, interrupted sleep, and elevated stress levels, all of which contribute to poorer health outcomes. The U.S. Department of Housing and Urban Development (HUD, 2022) highlights that inadequate housing, including insufficient bedroom space, is associated with various negative health impacts, especially among vulnerable populations such as the elderly.

Educational attainment has significantly impacted socioeconomic status. The United States Census Bureau (2023) reported that individuals with higher levels of education tend to achieve greater economic success and upward social mobility. This is attributed to the correlation between higher education and enhanced career opportunities, increased earning potential, and greater social mobility has a substantial impact on socioeconomic status. According to the United States Census Bureau (2023), individuals with higher levels of educational attainment tend to experience better economic success and increased social mobility. This is attributed to the correlation between higher education and

improved career opportunities, higher earning potential, and greater social mobility.

Occupation is a key factor in determining socioeconomic status. Some professions or jobs have different levels of prestige, income, and social standing. Job losses or pay cuts were more likely to lead to financial hardship, including difficulty paying bills, such as rent, mortgage payments, and medical expenses, and accessing food (Despard et al., 2020).

Income is a key indicator of social position. Higher income levels are typically connected with more access to resources, higher living standards, and more chances for education, healthcare, and social participation. Low-income people experience a variety of problems that raise their risk of poor health and poor health outcomes, as assessed by shorter life expectancy, higher rates of mental illness, and severe decreases in social well-being (Murali et al., 2022).

Socioeconomic factors, particularly Socioeconomic Status (SES), are recognized for their influence on Health-Related Quality of Life (HRQoL) (Sun et al., 2023). SES encompasses various aspects of an individual's economic resources and social standing, including income, education, and occupation. Poverty, a troubling economic condition, negatively affects society by limiting individuals' abilities and worsening health issues, especially when they are unable to contribute effectively to the workforce. Income is believed to impact health through the ways in which individuals' resources provide a healthy living environment, healthier lifestyles, and easier access to healthcare services (Lindberg et al., 2022).

The health levels of older adults in urban and rural areas differ significantly, and they face different health risks. Additionally, the socioeconomic status of older adults often declines after a significant change in their social roles, which can affect their overall living situation, leisure and recreational activities, and healthcare access. The quality of life has a direct impact on the health status of older adults. Leisure and recreational activities not only relieve stress and tension but also help to enhance social interaction among older adults, maintain the stability of human body functions, and improve psychological well-being.

Healthcare services, as a means of protection when health is at risk, play a crucial role in the health of older adults (Zhou et al., 2022).

Sleep Quality, as defined by Springer Link (2023), involves a person's overall satisfaction with their sleep experience, incorporating factors like how easily they fall asleep, how well they stay asleep, the amount of sleep they get, and how refreshed they feel upon waking. High-quality sleep enhances both physical and mental well-being, positively impacting HRQoL in the elderly (Sarkari, 2023). In many instances, sleep quality is used as a broad term to encompass multiple specific sleep parameters, including sleep quantity, since both aspects are closely linked, as demonstrated by the definitions of various sleep measures. (Philippens et al., 2022).

Quality sleep is crucial for general wellbeing, as stated by the American Psychological Association in 2023. It supports vital life-sustaining processes, including memory consolidation, energy conservation, and neurological and physical healing. Adequate and restorative sleep improves emotional resilience, lowers the risk of mood disorders like anxiety and depression, and promotes cardiovascular health by controlling blood pressure and decreasing inflammation (Sullivan et al., 2023). However, another study underscores that poor sleep quality, including factors such as prolonged sleep latency and sleep disruptions, increases the risk of frailty and pre-frailty in the elderly and negatively impacts their HRQoL (Sun et al., 2020). Specifically concerning the elderly, studies indicate a significant impact of sleep quality on HRQoL, with poor sleep quality and abnormal sleep duration linked to impaired HRQoL in this population (Hu et al., 2022).

According to study, older persons who have poor sleep quality are significantly more likely to experience mental and physical health problems, such as depression, cardiovascular disease, and hypertension (Badri et al., 2023). Moreover, another study underscores that poor sleep quality, including factors like long sleep latency and sleep disturbances, significantly increases the odds of frailty and pre-frailty in elderly populations, further affecting their HRQoL (Sun et al., 2020).

Quality of Life. Quality of Life is defined as an individual's perception of their place in life within the context of the culture and value systems they are part of, and in relation to their goals, expectations, standards, and concerns WHO (2023). This updated definition acknowledges the complex interplay between internal states and interactions with others, emphasizing the equilibrium between personal perception and relationships with partners and friends. Sleep quality, as highlighted by Lee et al. (2021), profoundly influences overall quality of life, impacting health, cognitive functioning, psychological well-being, and vitality (Cohrdes et al., 2018; Matsui et al., 2021). Sleep quality is an important element in determining health-related quality of life (HRQoL) in older people. It influences daily activities and plays a role in an individual's psychological, cognitive, and physical well-being. (Casagrande et al., 2021).

A study found that poor sleep quality has a significant negative impact on both the physical and mental aspects of health-related quality of life, underscoring its importance in evaluating overall well-being in the population, as indicated by the study conducted by Sharifnezhad et al. (2023). According to a study by Garmabi et al. (2023), Poor sleep quality in the elderly is linked to lower scores in different areas of health-related quality of life, emphasizing the importance of managing sleep disorders to improve their overall well-being. This can lead to higher levels of fatigue, lower QoL, and an increased risk of cardiovascular disease (CVD) and psychiatric disorders. (Yu et al., 2018). Numerous factors, such as lifestyle choices, mental and physical wellness status, and demographics, are linked to sleep-related problems in older adults (Mander et al., 2017). Notably, the complex interplay between socioeconomic factors, lifestyle elements, work dynamics, and demographic characteristics collectively shapes an individual's sleep quality, influencing various dimensions of their health and well-being.

Health-Related Quality of Life (HRQOL). According to Cai et al. (2021), The subjective evaluation of a person's well-being concerning their health is referred to as health-related quality of life (HRQoL). The presence and intensity of illnesses are considered influential factors in HRQoL, representing an individual's

capacity to adapt to deficiencies or chronic conditions (Raushanova et al., 2021). In alignment with the perspective presented by Rauschenov et al., we will incorporate a similar understanding into our research, employing this conceptualization as a basis for our operational definition of health-related quality of life. Health-related quality of life (HRQOL) is a comprehensive concept encompassing factors that impact an individual's life, specifically those related to health, as defined by Yin et al. (2016). This multi-dimensional concept is commonly employed to assess how health status influences overall quality of life.

In the analysis of a study by Kim (2023), it was found that SES characteristics such as living conditions (living alone), income, and health status have a substantial impact on HRQoL. Higher SES individuals report better health outcomes than lower SES individuals, indicating differences in HRQoL, as noted by Xu (2023). The estimated parameters that significantly impacted HRQoL included socioeconomic status (SES) factors—such as living conditions (living alone) and income as well as overall health status. Additionally, This study on elderly Chinese individuals found that those experiencing less subjective economic hardship reported significantly better self-rated health. Additionally, educational level, occupational status, and economic indicators (income and expenditure) were linked to physical HRQoL, but this association was only observed among elderly Chinese men. Male respondents with the highest levels of education and occupation reported better HRQoL. (Ma & McGhee, 2013).

In another study by Mielck, Vogelmann, and Leidl (2014), the authors examined how health-related quality of life (HRQL) relates to socioeconomic status (SES), focusing on whether people with similar health conditions view HRQL differently based on SES. Their research highlights the importance of separately addressing the links between SES and HRQL, particularly among those with chronic illnesses. They found that individuals with lower SES face a dual challenge: increased health problems and lower assessments of HRQoL. The study advocates for interdisciplinary collaboration to analyze and discuss these relationships, suggesting that social epidemiologists incorporate HRQoL measures

more frequently into their research, while health economists investigate potential societal biases in recommendations based on HRQoL assessments.

The research addresses crucial gaps highlighted by recent findings, particularly those from Hu et al. (2022), indicating that sleep disorders have complex associations with Health-Related Quality of Life (HRQoL) in the elderly, extending beyond depression mediation. This underscores the necessity for further research to identify and comprehend additional mediating factors, offering a valuable direction for future investigations to explore potential variables influencing the relationship between sleep disorders and HRQoL in the elderly (Hu et al., 2022). The study also emphasizes the significance of increasing physical activity to enhance HRQoL in elderly individuals with sleep disorders. Our research aligns with existing literature emphasizing the importance of considering sleep quality in association with overall well-being in older adults and advocating for interventions to mitigate health impacts (Hu et al., 2022; Chu, Oh, & Lee, 2022; Collinge & Bath, 2023).

Furthermore, recent research by Chu, Oh, and Lee (2022) emphasizes the need to explore factors influencing sleep quality through objective measurement methods and considering various factors for a comprehensive assessment. Future investigations into health risks associated with sleep quality should delve into demographic attributes (Chu, Oh, & Lee, 2022; Collinge & Bath, 2023). These findings collectively underscore the importance of understanding the intricate interplay between sleep quality and HRQoL in the elderly, emphasizing the need for comprehensive research to address these critical health issues.

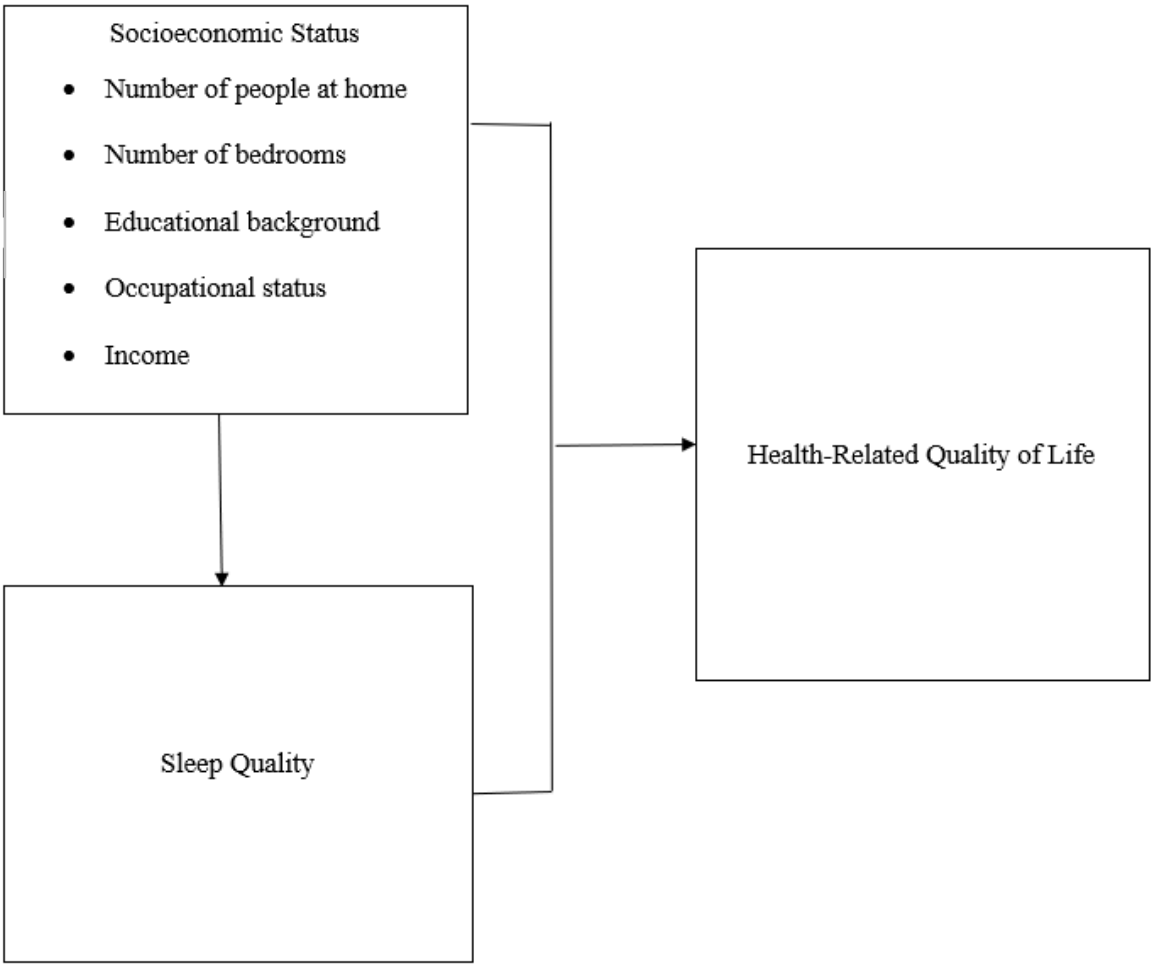


Figure 1. Schematic Diagram of the Study

Objectives of the Study

This study aims to determine the socioeconomic status, sleep quality, and health-related quality of life among the elderly. Specifically, it assesses the following research objectives: 1) Determine the socioeconomic status among the elderly by examining their number of people at home, number of bedrooms, educational background, occupational status, income. 2.) Assess the sleep quality among the elderly; 3.) Evaluate the health-related quality of life among the elderly; 4.) Explore the significant relationship between the socioeconomic status and sleep quality among the elderly; 5.) Explore the significant relationship between socioeconomic status and health-related quality of life among the elderly; 6.) Explore the significant relationship between sleep quality and health-related quality of life among the elderly.

Significance of the Study

This research holds significant importance for multiple compelling reasons. It seeks to explore the complex interplay between socioeconomic status, sleep quality, and health-related quality of life among the elderly residing in one of the barangay in Ozamiz City. The importance of this research lies in its potential to guide targeted healthcare interventions, inform public health planning, and improve the overall well-being of the elderly population in this specific locale. Furthermore, the findings of this study contribute to the broader field of gerontology and public health, offering valuable insights that have the potential to shape policy development and raise awareness about the unique challenges faced by aging populations. These insights are not only pivotal for healthcare planning and public health but also hold specific benefits for the nursing field.

Nurses play an essential role in elderly care, and by understanding the factors that affect their quality of life, they can offer more effective, compassionate, and individualized care. This approach enhances the nursing profession's ability to cater to the distinct needs of the aging population. While rooted in a local context, the implications of this research extend beyond geographic boundaries, offering

valuable lessons for enhancing the lives of elderly individuals in similar communities across the globe.

METHODOLOGY

The research design, setting, respondents, tools, methods to gather data, ethical issues, and statistical analysis are all covered in this chapter.

Research Design

A quantitative descriptive correlational methodology was used in this study to look at the connection between two or more factors without manipulating them. The correlational study investigated the connection between socioeconomic status and sleep quality, and health-related quality of life among the elderly.

Locale of the Study

The study was conducted in one of Ozamiz City's barangays**,** chosen for its practicality and potential for yielding valuable insights. The selection of this barangay as the research locale was based on considerations of efficiency and the anticipated richness of data that could be obtained. The exploration of urban settings was crucial for understanding the unique economic challenges faced by older individuals residing in densely populated areas.

Respondents of the Study

One hundred thirty-seven (137) elderly individuals were study participants. They were chosen using a stratified sample technique, which involves splitting the population into various groups according to specific traits that were pertinent to the study. Subsequently, participants were chosen at random from every group to guarantee representation from diverse socioeconomic backgrounds. The following were the inclusion requirements for taking part in the study:1. Willingness to participate; 2. Ability to read and write; 3. Individuals below the age of 65 with serious medical conditions that would render them unable to effectively complete the questionnaires, such as paralysis, significant cognitive impairment, advanced dementia, conditions requiring constant medical supervision or hospitalization, and

inability to read and write, were excluded. Additionally, the size of the required sample was determined by the researchers using Raosoft software. Furthermore, the proportional technique was applied to find the distribution of respondents by purok.

Data Gathering Instrument

In this study, researchers used a survey questionnaire to collect well-organized questions meticulously crafted to be answered by respondents, with the aim of gathering data. The questionnaire was divided into three parts. The first part used the Socioeconomic Status Questionnaire to further understand the respondents' socioeconomic status within society. By collecting data on variables such as occupation, income, and education, it facilitated the understanding of the social and economic backgrounds of study participants and program participants by researchers or organizations.

The second part includes ten questions using the PSQI questionnaire, designed to evaluate the elderly's sleep quality and comprehend subtle differences in each person's sleep experience. It also discusses the number of topics related to sleep, including duration, latency, efficiency, and disruptions. The PSQI is frequently used by researchers and medical practitioners to assess sleep patterns and spot any sleep problems.

The third part of the questionnaire focuses on The RAND 36 Item Health Survey 1.0 Questionnaire, generally referred to as the SF-36 or RAND-36, has eight sections and is a widely used instrument for evaluating health-related quality of life. Social Functioning, Role-Emotional, Mental Health, General Health, Bodily Pain, and Physical Functioning are the domains that cover characteristics of both mental and physical well-being. Each domain evaluates different facets of an individual's health, such as their level of physical activity, their sensitivity to pain, and their ability to regulate their emotional state. A higher quality of life is indicated by higher questionnaire ratings, and the results are combined to offer insight into general health status.

Data Gathering Procedure

Before conducting the study, the researchers asked the dean of the College of Nursing, Midwifery, and Radiologic Technology for approval. The researchers then went to the barangay captain to ask for permission once the request letter was approved. Following that, the researchers located possible participants, outlined the goal of the study, and asked about their willingness to participate. Individuals who declined participation were replaced by others who had undergone the same informed consent process. Once approval for the request letter was secured, the researchers proceeded to distribute the questionnaires to the designated respondents.

Prior to distributing the questionnaires, the researchers ensured they had the respondents' endorsement and collaboration. To uphold ethical standards and adhere to copyright regulations, an official email was sent to the copyright holder. The researchers ensured that the respondents had sufficient time to complete the questionnaires and swiftly answered any queries or issues they may have had. After the responses were gathered the data was tallied and subjected to statistical processing. Subsequently, the data was analyzed and interpreted.

Scoring Guidelines

A. Scoring the PSQI The order of the PSQI items has been modified from the original order in order to fit the first 9 items (which are the only items that contribute to the total score) on a single page. Item 10, which is the second page of the scale, does not contribute to the PSQI score.

In scoring the PSQI, seven component scores are derived, each scored 0 (no difficulty) to 3 (severe difficulty). The component scores are summed to produce a global score (range 0 to 21). Higher scores indicate worse sleep quality.

Component 1: Subjective Component sleep quality—question 9

Response to Q9	Component 1 score
Very good	0
Fairly good	1
Fairly bad	2
Very bad	3

Component 1 score:_____

Component 2: Sleep latency—questions 2 and 5a

Response to Q2	Component 2/Q2 subscore
< 15 minutes	0
16-30 minutes	1
31-60 minutes	2
> 60 minutes	3

Response to Q5a	Component 2/Q5a subscore
Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times a week	3

Sum of Q2 and Q5a subscores	Component 2 score
0	0
1-2	1
3-4	2
5-6	3

Component 2 score:_____

Component 3: Sleep duration—question 4

Response to Q4	Component 3 score
> 7 hours	0
6-7 hours	1
5-6 hours	2
< 5 hours	3

Component 3 score:_____

Component 4: Sleep efficiency—questions 1, 3, and 4

Sleep efficiency = (# hours slept/# hours in bed) X 100%

hours slept—question 4

hours in bed—calculated from responses to questions 1 and 3

Sleep efficiency	Component 4 score
> 85%	0
75-84%	1
65-74%	2
< 65%	3

Component 4 score:_____

Component 5: Sleep disturbance—questions 5b-5j

Questions 5b to 5j should be scored as follows:

Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times a week	3

Sum of 5b to 5j scores	Component 5 score
0	0
1-9	1
10-18	2
19-27	3

Component 5 score:_____

Component 6: Use of sleep medication—question 6

Response to Q6	Component 6 score
Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times a week	3

Component 6 score:_____

Component 7: Daytime dysfunction—questions 7 and 8

Response to Q7	Component 7/Q7 subscore
Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times a week	3

Response to Q8	Component 7/Q8 subscore
No problem at all	0
Only a very slight problem	1
Somewhat of a problem	2
A very big problem	3

Sum of Q7 and Q8 subscores	Component 7 score
0	0
1-2	1
3-4	2
5-6	3

Component 7 score:_____

Global PSQI Score: Sum of seven component scores: _____

B. Scoring the RAND 36-Item Health Survey 1.0 is a two-step process. First, pre-coded numeric values are recorded per the scoring key given below. Note that all items are scored so that a high score defines a more favorable health state. In addition, each item is scored on a 0 to 100 range so that the lowest and highest possible scores are set at 0 and 100, respectively. Scores represent the percentage of total possible scores achieved. In step 2, items in the same scale are averaged together to create the 8 scale scores. The sub-scale section below lists the items averaged together to create each scale. Items that are left blank (missing data) are not taken into account when calculating the scale scores. Hence, scale scores represent the average for all items in the scale that the respondent answered.

Scoring Key:

Items 1, 2, 20, 22, 34, 36:

- 1 -> 100
- 2 -> 75
- 3 -> 50
- 4 -> 25
- 5 -> 0

Items 3-12:

- 1 -> 0
- 2 -> 50
- 3 -> 100

Items 13-19:

• 1 -> 0

• 2 -> 100

Items 21, 23, 26, 27, 30:

• 1 -> 100

• 2 -> 80

• 3 -> 60

• 4 -> 40

• 5 -> 20

• 6 -> 0

Items 32, 33, 35:

• 1 -> 0

• 2 -> 25

• 3 -> 50

• 4 -> 75

• 5 -> 100

Sub-scales:

• Physical functioning: items 3-12

• Role limitations due to physical health: items 13-16

• Role limitations due to emotional problems: items 17-19

• Energy / fatigue: items 23, 27, 29, 31

• Emotional well-being: items 24-26, 28, 30

• Social functioning: items 20, 32

• Pain: items 21, 22

• General health: items 1, 33-36

Statistical Treatment

In order to obtain thorough, legitimate, and dependable outcomes, the subsequent statistical methodologies and approaches were employed:

Mean. The mean depicted the central tendency, offering a precise average value of the data.

Standard Deviation. This instrument was employed to ascertain the data's dispersion.

Product-Moment Correlation for Pearson. Using this method, the relationships between senior people's socioeconomic level, sleep quality, and health-related quality of life were ascertained. This examination of statistics uncovered whether and how these factors were linked, offering valuable perspectives on possible connections and their effects on the well-being of the elderly population.

Ethical Consideration

The research was designed to involve community-living elderly individuals, specifically those aged 65 years and above, irrespective of gender. Researchers extended invitations to all eligible respondents, and studies exploring the correlation between sleep and the socioeconomic status of elderly individuals were included based on the agreement obtained through informed consent. Informed consent was obtained from all individuals participating in the study, accompanied by a clear explanation of the research's purpose, procedures, potential risks, and benefits. Respondents were informed of their right to withdraw from the study at any point without facing any adverse consequences.

Voluntary participation was emphasized, ensuring that individuals were not coerced or unduly influenced to take part in the study, a particularly crucial consideration when working with vulnerable populations such as the elderly. Our commitment was to conduct the research in a respectful, responsible manner, contributing valuable insights without compromising the well-being of the elderly respondents.

RESULTS AND DISCUSSIONS

This chapter presents, analyzes, and interprets the data of the study which is arranged to the following topics.

Determine the socioeconomic status among the elderly by examining their number of people at home, number of bedrooms, educational background, occupational status, income.

Assess the sleep quality among the elderly.

Evaluate the health-related quality of life among the elderly.

Explore the significant relationship between the socioeconomic status and sleep quality among the elderly.

Explore the significant relationship between socioeconomic status and health-related quality of life among the elderly.

Explore the significant relationship between sleep quality and health-related quality of life among the elderly.

Table 1 presents the socioeconomic status among the elderly in terms of their educational background, number of people at home, number of bedrooms, occupational status, and income.

Table 1. Respondents' Socioeconomic Status

Number of People Living at Home, Number of Bedrooms, Educational Attainment, Employment Status, and Salary Range		
Number of People at Home	**Frequency**	**Percent**
2	19	13.87
3	25	18.25
4	32	23.36
5	25	18.25
6	11	8.03
7	14	10.22
8	8	5.84
9	2	1.46
10	1	0.73
Total	*137*	*100.00*
Number of Bedrooms	**Frequency**	**Percent**
1	7	5.11
2	41	29.93
3	51	37.23
4	27	19.71
5	10	7.30
6	1	0.73
Total	*100*	*100.00*
Educational Background	**Frequency**	**Percent**
Didn't Finish High School	42	30.66
Didn't Finish High School but completed a technical/vocational program	37	27.01
High School Graduate	53	38.69

Completed High School and a technical/vocational program	5	3.65
Total	*137*	*100.00*
Occupational Status	**Frequency**	**Percent**
Working Full-time	5	3.65
Working Part-time	44	8.03
Not currently employed, looking for work	48	35.04
Retired	34	24.82
Homemaker	18	9.49
Disabled	8	13.14
Others	8	5.84
Total	*137*	*100.00*
Income	**Frequency**	**Percent**
Below P10,957 monthly income	77	56.20
P10,957 to P21,914 monthly income	45	32.85
P21,915 to P43,828	12	8.76
P43,829 – P76,669	3	2.19
Total	*137*	*100.00*

Table 1. Cont'd.

A significant portion of respondents (38.69%) have completed high school, highlighting the prevalence of this education level among the surveyed elderly. In contrast, a small fraction (3.65%) pursued technical or vocational programs beyond high school, indicating limited access or inclination towards further education. Historical financial constraints have been a major barrier to higher education for older adults, with many avoiding college due to affordability issues and fear of debt (Carrasco, 2023). The data also shows none of the respondents have pursued education beyond high school, including college or postgraduate studies, reflecting the limited educational attainment within this demographic.

The household size among respondents varies considerably. The majority (23.36%) live in homes with four people, whereas only one individual (0.73%) lives in a household with ten members. These outliers underscore the variability in household compositions, indicating the presence of larger, possibly extended, families or unique living situations among a minority of respondents. This diversity in household size reflects varying economic and social conditions, where larger households may be a strategy to pool resources and share living expenses in less affluent regions (Esteve et al., 2024).

Most respondents (37.23%) reside in homes with three bedrooms, suggesting this is a common housing arrangement among the elderly. This prevalence indicates a potential standard or necessity for space in their living conditions. In contrast, homes with six bedrooms are extremely rare, with only one respondent (0.73%) reporting such a large residence. This rarity highlights the socioeconomic disparities within the sample, where larger homes are not common.

The occupational status of elderly respondents reveals significant insights. A considerable portion (35.04%) are not currently employed but are actively seeking work, highlighting a critical need for tailored job creation and employment support initiatives for older adults. Only a small percentage (3.65%) are employed full-time, indicating the challenges this demographic faces in securing stable, full-time employment. Part-time employment is more common, with 8.03% working part-time. Retirement (24.82%), homemaking (9.49%), and disability (13.14%) also account for a substantial portion of the participants. Employment provides not only financial benefits but also social engagement and mental stimulation for older adults, which are essential for their overall well-being (Fry & Braga, 2023; Rearick, 2023).

Income levels among the elderly respondents show that a majority (56.20%) earn below P10,957 monthly, indicating significant financial challenges. This low income level highlights the economic vulnerability of a substantial portion of the elderly population. In contrast, only a small fraction (2.19%) earns between P43,829 and P76,669 monthly, and none earn above P76,670. The financial difficulties are

exacerbated by healthcare expenses, as older adults typically face higher medical costs due to chronic conditions and the need for long-term care. In 2020, individuals aged 65 and older incurred an average of nearly PHP. 412,600 in out-of-pocket medical expenses, significantly straining their financial resources (Administration for Community Living, 2022). This financial strain underscores the necessity for better financial planning and support systems to ensure a stable and secure retirement for the elderly.

Table 2 presents the sleep quality among the elderly. The data in Table 2 indicates a prevalent preference for early bedtime among respondents, with 31.39% opting to sleep at 9:00 PM and only 1.46% at midnight.

Table 2. Respondents' Sleep Quality

PSQI Global Score	Mean	Standard Deviation	Interpretation
Sleep Quality	0.96	0.91	High
Sleep Latency	0.86	0.61	High
Sleep Duration	1.09	0.77	High
Sleep Efficiency	0.58	1.02	High
Sleep Disturbance	1.47	0.61	High
Sleep Medication	0.85	0.95	High
Daytime Dysfunction	2.27	1.40	High
Total	1.15	0.90	High

PSQI Global Scale: 0-4 (High sleep quality); 5-10 (Low sleep quality); 11-21(Very Low sleep disturbances)

Due to changes in their circadian rhythms, health problems, and altered sleep patterns, older persons frequently go to bed sooner. Research has indicated that individuals' circadian rhythms change with age, leading to earlier wake and

sleep hours. (Gordon et al., 2022). Additionally, factors such as health conditions, medication use, and reduced participation in evening social activities further contribute to this preference among the elderly (Cristina et al., 2023). Programs run by public health organizations to prevent sleep disorders in the elderly are crucial for lowering the risk of bad health outcomes, such as multimorbidity patterns and the harm they do to the health of these individuals. (Cristina et al., 2023).

Furthermore, most respondents, comprising 47.44%, fall asleep within a relatively short time frame of 1 to 10 minutes, with 65 individuals in this category. Conversely, the smallest percentage of respondents, representing 11.68%, take longer, specifically 21 to 30 minutes, to fall asleep, comprising only 16 people. This pattern suggests that a significant portion of the surveyed population experiences a quick transition from wakefulness to sleep, while fewer individuals require a longer period to initiate sleep onset. Older adults often fall asleep quickly due to changes associated with aging in their sleep patterns and health conditions. Studies indicate that as people age, they experience more fragmented sleep, less deep sleep, and tend to go to bed earlier, resulting in a greater sleep need by bedtime (Phifer, A. 2023).

In the study, the mean score for subjective sleep quality was 0.96 (SD = 0.91)., indicating fairly good sleep quality with some variability. For sleep latency, the mean score was 0.86 (SD = 0.61), indicating that participants generally do not have significant difficulty falling asleep. The mean score for sleep duration was 1.09 (SD = 0.77), suggesting that participants are getting a moderately sufficient amount of sleep. The mean score for sleep efficiency was 0.58 (SD = 1.02).

However, for sleep disturbances, the mean score was 1.47 (SD = 0.61), suggesting frequent disruptions during the night. These disturbances can be attributed to physical discomfort, environmental factors, psychological factors, and physical pain. On the other hand, the mean score for the use of sleep medication was 0.85 (SD = 0.95), indicating infrequent use on average, though with noticeable variability. Some participants might rely on sleep aids, while others avoid medication due to concerns about dependency or side effects.

The quality of sleep and general well-being can be effectively improved with customized intervention programs that target each person's unique sleep health needs through routine health exams, environmental modifications, stress and anxiety treatment, pain management techniques, and education on good sleep hygiene. According to Dustin (2023), older adults often wake up more frequently due to lighter sleep stages and factors such as medical conditions and medications. Furthermore, a number of sleep disorders that affect the elderly, including restless leg syndrome (RLS), sleep apnea, insomnia, and periodic limb movement disorder (PLMD), severely degrade the quality and continuity of sleep, resulting in daytime drowsiness and diminished functionality (Andrew, 2019; Schwab, 2022). The mean score for daytime dysfunction was 2.27 (SD = 1.40), higher than the other components, suggesting that daytime dysfunction is a significant issue for many participants. Daytime dysfunction, which includes feeling drowsy during the day or having trouble staying awake, is common among the elderly despite generally adequate sleep quality. This is because age-related changes in sleep patterns and underlying health conditions impact overall efficacy of sleep. (Zhang et al., 2023).

The association between stress and depressed symptoms is mediated by poor sleep quality, suggesting that stress causes bad sleep, which in turn makes depression worse (Guo et al., 2024). Older individuals' daily functioning and sleep quality are negatively impacted by age-related losses in physical and cognitive abilities. The integration of physiological, psychological, and environmental elements highlights the significance of an all-encompassing evaluation and customized measures to tackle sleep disruptions and enhance the general state of welfare among the elderly population

Table 3 illustrates how older people's quality of life differs in several aspects.

Table 3. Respondents' Health-related Quality of Life

Scale	Items	Mean	SD	Interpretation
Physical Functioning	10	55.08	39.04	Fair
Role limitations due to physical health	4	52.55	50.10	Fair
Role limitations due to emotional problems	3	50.86	50.19	Fair
Energy/Fatigue	4	44.56	21.18	Fair
Emotional Well-being	5	43.67	21.69	Fair
Social Functioning	2	55.20	27.03	Fair
Pain	2	52.76	25.70	Fair
General Health	5	50.95	29.53	Fair
Total	35	50.70	33.06	Fair

HRQoL Scaling: 0-20 (Very poor quality of life); 21-40 (Poor quality of life); 41-60 (Fair quality of life) ;61-80 (high quality of life) ; 81-100 (Very High quality of life).

The mean scores indicate the average level of quality of life in each dimension, while the standard deviation (SD) reflects the variability or spread of these scores. For physical functioning, a mean score of 55.08 (SD: 39.04) suggests moderate

physical abilities with significant variability, indicating diverse physical health statuses among participants. Significant variations in participants' physical fitness and health outcomes were discovered in a study that examined the impact of a moderate physical activity intervention on elderly people. (Galle, et al. 2023). Additionally, a trial focusing on the health and wellbeing of elderly participants through moderate exercise demonstrated notable variability in their physical health metrics and outcomes (Carta et al., 2021). These findings underscore the heterogeneity in physical abilities and health statuses among elderly individuals engaging in physical activity.

The data indicates that there are moderate limits resulting from physical health (mean: 52.55, SD: 50.10) and emotional problems (mean: 50.86, SD: 50.19), but the variability is very large, indicating a wide range of experiences. Energy/Fatigue (mean: 44.56, SD: 21.18) and Emotional Well-being (mean: 43.67, SD: 21.69) are slightly below average, indicating lower energy levels and emotional well-being, respectively, with moderate variability. According to The National Institute on Aging (2023), emotional stress, depression, anxiety, and chronic illnesses are all associated with fatigue, which is characterized as a state of low energy and fatigue that is frequent in older persons. Their emotional health is frequently impacted by this persistent exhaustion, which lowers their psychological resilience and lowers their quality of life.

Social Functioning (mean: 55.20, SD: 27.03) and Pain (mean: 52.76, SD: 25.70) scores suggest better-than-average social interactions and moderate pain levels, with moderate variability. General Health (mean: 50.95, SD: 29.53) reflects an average perception of general health with considerable variability among participants. The total score (mean: 50.70, SD: 33.06) indicates an overall average quality of life among the elderly, with high variability, suggesting a wide range of individual experiences in perceived quality of life.

According to a study by Peñaranda D et al., (2023), a number of social and health conditions have a major impact on older individuals' quality of life. It emphasizes that there is considerable variability in quality of life scores among

elderly individuals, suggesting a broad spectrum of experiences based on individual circumstances. Similar results were obtained from a different study conducted in a remote community in Nepal by Samadarshi S et al., (2021), which demonstrated that health status, social support, and economic conditions all have a significant impact on the quality of life among senior adults

Table 4 shows the significant relationship between socioeconomic status (SES) and sleep quality among the elderly, with an r-value of 0.68 indicating a strong positive correlation.

Table 4. Significant Relationship Between the Respondents' Socioeconomic Status and Sleep Quality

Variables	r-value	p-value	Interpretation
Socio-economic Status & Sleep Quality	0.68	0.00	Highly Significant

Note: p<0.01 (Highly Significant; p<0.05 (Significant); p>0.05 (Not Significant)

This suggests that as SES improves, so does sleep quality. Furthermore, the p-value of 0.00 (which is less than 0.01) shows that there is a strong statistical significance for this link. Consequently, it is safe to say that among the elderly, there is a significant relationship between SES and the quality of their sleep.

The findings align with existing research that underscores the importance of SES in determining health outcomes, including sleep quality. Higher SES often provides individuals with better access to resources that promote good sleep, such as healthier living environments, better healthcare, and lower levels of stress. For instance, research by Simonelli et al. (2020) demonstrates that the quality of sleep is significantly influenced by one's socioeconomic standing, with higher SES linked to fewer sleep problems.

Furthermore, research has repeatedly demonstrated that socioeconomic variables, such as employment status, income, and education, are critical determinants of sleep health. Patel et al. (2019) Discovered that people with higher incomes report fewer sleep disturbances and better overall sleep quality. Similarly, Wei et al. (2022) found that there was a relationship between older individuals' SES and sleep quality, with lower SES associated with noticeably worse sleep.

The strong correlation found in this study emphasizes the necessity of implementing interventions in public health that address socioeconomic disparities to improve sleep health among the elderly. The general health and well-being of the aged population can be improved together with sleep quality by raising SES through improved access to education, jobs, and financial assistance.

In summary, the study's findings demonstrating the substantial correlation between SES and sleep quality emphasize the role that socioeconomic variables play in influencing older adults' sleep health. As SES improves, sleep quality also tends to improve, suggesting that addressing socioeconomic disparities could be a key strategy in enhancing sleep health in this vulnerable population.

Table 5 presents the relationship between socioeconomic status and health-related quality of life among elderly. Table 5 shows that the r-value of 0.75 shows a substantial positive relationship between older people's health-related quality of life and their socioeconomic position.

Table 5. Significant Relationship Between the Respondents' Socioeconomic Status and Health-related Quality of Life

Variables	r- value	p- value	Interpretation
Socioeconomic Status and Health-related Quality of Life among the Elderly.	0.75	0.00	Highly Significant

Note: p<0.01 (Highly Significant; p<0.05 (Significant); p>0.05 (Not Significant)

This shows that a greater socioeconomic level is linked to a higher quality of life when it comes to the health-related quality of life. Moreover, the p-value of 0.00 (which is less than 0.01) underscores the high statistical significance of this relationship. Consequently, we can state with confidence that there is a significant relationship between elderly people's socioeconomic position and their quality of life in terms of their health-related quality of life.

Recent studies conducted by Lee et al. (2023), socioeconomic status (SES) significantly influences health-related quality of life (HRQoL) among older adults in Korea. The study emphasizes that those with higher SES typically have greater HRQoL.

This is attributed to better access to healthcare, healthier lifestyles, and lower levels of stress and depression among those with higher SES. These results highlight the crucial influence that socioeconomic factors have on the health outcomes of Korea's elderly population., the health outcomes of the older population are significantly influenced by socioeconomic factors such as income, education, occupation, and access to healthcare services.

Lower income levels can lead to limited resources for managing chronic conditions and accessing preventive care, exacerbating health disparities. Educational attainment affects health literacy, with less educated older adults struggling to understand medical information, resulting in poorer health management. Occupational history, particularly involving physically demanding

jobs, leaves many elderly individuals with lasting health issues and insufficient health insurance coverage. Additionally, access to healthcare is often hindered by high costs, limited rural services, and transportation barriers.

Social support networks, crucial for mental and physical health, are weakening as traditional family structures evolve, raising the possibility of isolation among the elderly. For instance, the Rural Health Policy Brief from the HRSA (2023) rural residents face higher health insurance premiums and fewer insurance options, which adds to the financial challenges of accessing healthcare services. According to Yuanyuan (2020) The relationship between health and socioeconomic position among China's senior population was found to be quite complicated, despite general confirmation of assumptions.

Overall, the findings indicated that people with higher status reported fewer health issues, albeit these differences were not consistent across the models. When other socio-economic factors were taken into account, the standard status markers—education and money, for example—had minimal correlation with health and had a somewhat poorer correlation with health than the less conventional ones.

Table 6 presents the relationship between the sleep quality and health-related quality of life among the elderly. In Table 6, the r-value of 0.75 indicates a strong positive correlation between sleep quality and health-related quality of life among the elderly.

Table 6. Significant Relationship between the Respondents' Sleep Quality and Health-related Quality of Life

Variables	r- value	p-value	Interpretation
Sleep Quality and Health-related Quality of Life among the Elderly.	0.75	0.00	Highly Significant

Note: p<0.01 (Highly Significant; p<0.05 (Significant); p>0.05 (Not Significant)

This suggests that better sleep quality is associated with better health-related quality of life. According to Gao et al., (2020) A higher chance of multimorbidity was linked to shorter sleep duration and lower sleep quality, which negatively impacted HRQoL.

The important impact of sleep on older adults' quality of life is highlighted by the bidirectional association between health outcomes and sleep quality. Additionally, the p-value of 0.00 (which is less than 0.01) indicates that this relationship is highly significant statistically. Thus, it is safe to conclude that among the elderly, there is a significant relationship between the quality of their sleep and their overall health-related quality of life.

A study in the UK Biobank (2022) measured sleep quality using a healthy sleep score, which indicated higher HRQoL levels were found to be highly connected with higher-quality sleep, The research highlighted that poor sleep quality, characterized by issues such as insomnia, frequent daytime sleepiness, and irregular sleep duration, was linked to lower scores on the European Quality of Life-5 Dimensions 5-level (EQ-5D-5L) instrument.

This suggests a direct relationship between several components of older people's HRQoL and the quality of their sleep. Age-related health-related quality of life (HRQoL) and sleep quality are strongly correlated, which has an impact on the elderly's social, mental, and physical health. Inadequate sleep is associated with an increased risk of developing chronic illnesses and lowers immunity, which leaves older individuals more susceptible to infections.

The duration and impact of sleep deprivation can determine whether it is classified as acute or chronic. Acute sleep deprivation is defined as having less sleep for one or two days, whereas chronic sleep deprivation is defined as sleeping too little or too much throughout the day for three months or more. Regular sleep affects the body's inflammatory and immunological responses, highlighting how crucial good sleep is in reducing the risk of illness and infection. Both acute and chronic sleep deprivation affect the immune system by increasing pro-inflammatory cells,

which exacerbates pre-existing chronic inflammatory disorders and increases the likelihood of developing new ones.

According to Jainy (2024), lack of sleep can impair immune function, making the body less able to fend off illnesses. Numerous chronic illnesses, including diabetes, cardiovascular disease, and obesity, are linked to a higher risk of chronic sleep deprivation (Cirelli &Tononi, 2020).

The Sleep Foundation also emphasizes how getting too little sleep can make mental health problems worse by increasing the likelihood of anxiety and depression, both of which can further interfere with sleep patterns (Irwin, 2019). Mentally insufficient sleep contributes to cognitive decline, depression, and anxiety, creating a vicious cycle where poor mental health further disrupts sleep. Poor mental health (including depressive symptoms, memory loss, elevated stress, decreased focus, and impaired cognitive abilities), type 2 diabetes, hypertension, cardiovascular disease, obesity, and overall mortality have all been related to inadequate sleep. According to Jainy (2024), sleep disturbances cause fatigue and irritability, reducing social interactions and increasing feelings of loneliness and isolation.

CONCLUSIONS AND RECOMMENDATIONS

This study explored the relationship between socio-economic status and sleep quality in relation to Health-Related Quality of Life among the elderly residents in one of the Barangays in Ozamiz City. It aimed to determine the socioeconomic status, sleep quality, and health-related quality of life among the elderly. Specifically, it assessed the following research objectives 1) Determined the socioeconomic status among the elderly by examining their number of people at home, number of bedrooms, educational background, occupational status, income. 2) Assessed the sleep quality among the elderly; 3) Explored the significant relationship between the socioeconomic status and sleep quality among the elderly; 4) Evaluated the health-related quality of life among the elderly; 5) Explored the significant connection among socioeconomic status and health-related quality of life among the elderly; 6) Explored the significant relationship between sleep quality and health-related quality of life among the elderly.

With 137 older adults, this study used a quantitative descriptive correlational design. This study was carried out in one of Ozamiz City's barangays, which was selected for its applicability and possibility of producing insightful data. The necessary sample size was computed using Raosoft software, and the proportional method was used to determine the respondents' distribution within each purok. The survey's result was assessed statistically using the Mean, Standard Deviation, Pearson Product Moment Correlation Coefficient (Pearson r), and P-value as statistical tools for data analysis and interpretation.

Conclusions

Based on the findings of the study, the following were the conclusions:

1. The investigation showed a complex landscape of socioeconomic status among the elderly, characterized by diverse educational attainment, household composition, employment status, and income levels. The findings underscored the financial limitations faced by many older adults, the varied family structures, the prevalence of specific housing choices, and the critical need for job creation and

support initiatives. These realizations brought to light the necessity of specialized interventions to meet the various needs of the elderly and improve their general quality of life.

2. The PSQI evaluation of data revealed that while there were some noteworthy concerns, especially with regard to daytime dysfunction, the elderly participants generally had good quality sleep. This discrepancy emphasized the complexity of sleep issues in this demographic and the need for comprehensive assessments and interventions to address sleep disturbances and improve overall well-being.

3. The elderly's health-related quality of life showed significant variation in a number of domains, such as social interactions, emotional well-being, and physical functioning. These results demonstrated the multifaceted character of health-related quality of life and the significance of specialized interventions and support networks for improving older adults' well-being.

4. According to the study, older people's socioeconomic status and sleep quality are significantly positively correlated. This indicated that better sleep quality was correlated with a higher socioeconomic status, highlighting the significance of addressing socioeconomic disparities to enhance older adults' overall well-being and sleep quality.

5. The elderly's health-related quality of life and socioeconomic status were significantly positively correlated. Improved health-related quality of life was strongly correlated with higher socioeconomic status, highlighting the significant impact of socioeconomic factors on health outcomes and the need for focused interventions to reduce disparities.

6. The elderly's health-related quality of life and sleep quality were found to be strongly positively correlated in the study. Improved health-related quality of life was found to be positively correlated with better sleep quality, underscoring the importance of sleep for determining general wellbeing and the necessity of treating sleep-related problems to improve quality of life in this population.

Recommendations

The researchers suggested the following recommendations in accordance with the study's findings and conclusion:

1. The Department of Labor and Employment (DOLE) may develop employment support initiatives and financial assistance programs specifically tailored for older adults to alleviate economic hardships and improve socioeconomic status. These initiatives should focus on job creation, skills training, and access to financial resources to enhance economic stability among the elderly population.
2. The Department of Health (DOH) may implement targeted educational programs focused on health literacy among older adults, addressing topics such as sleep hygiene, chronic disease management, and stress reduction techniques. These programs should utilize interactive workshops and educational materials to empower older adults with the knowledge and skills to improve their overall well-being.
3. Local Government Units (LGUs) may develop and implement community-based programs that provide comprehensive support for elderly residents, including social engagement opportunities, physical activities, and mental stimulation. These programs should be designed to address the specific needs identified in the study, such as improving sleep quality, enhancing socioeconomic status, and promoting overall well-being.
4. Healthcare Institutions may provide ongoing education and training for healthcare professionals, particularly nurses, on the unique healthcare needs of older adults. This training should cover topics such as identifying and managing sleep disturbances, understanding the impact of socioeconomic factors on health outcomes, and delivering patient-centered care tailored to the needs of elderly patients.

5. Mental Health Services may integrate mental health support services into existing healthcare frameworks to address the emotional and psychological needs of elderly individuals. This includes providing access to counseling, therapy, and support groups tailored to the unique challenges and stressors faced by older adults. By prioritizing mental health care, they can promote resilience, coping skills, and emotional well-being among elderly residents, ultimately enhancing their overall quality of life.
6. Nursing Schools and Educational Institutions may implement training programs for nurses focusing on effective communication strategies tailored for elderly patients to better understand and address their individual concerns and experiences. Improved communication can enhance trust between healthcare providers and elderly patients, leading to better treatment adherence and health outcomes.
7. Future researchers may commence their endeavors by conducting interventional studies to evaluate the efficacy of tailored sleep interventions for the elderly. These interventions should encompass cognitive-behavioral therapy for insomnia (CBT-I), mindfulness-based approaches, and lifestyle modifications targeting sleep hygiene and disorders. Subsequently, qualitative research should be undertaken to explore the subjective experiences, perspectives, and preferences of elderly individuals regarding socioeconomic status, sleep quality, and health-related quality of life. Following this, investigations should delve into various causes of sleep disturbances among the elderly, including physical discomfort, environmental factors, psychological issues, and health conditions, thereby informing targeted interventions to enhance sleep quality and overall well-being. Lastly, future research should evaluate the effectiveness of interventions aimed at improving socioeconomic status (SES), sleep quality, and health-related quality of life (HRQoL) among the elderly, providing insights into optimal strategies for promoting well-being and addressing diverse needs.

REFERENCES

Ajayi, M. S. (2022). Psychosocial factors as predictors of quality of life among the elderly in a Southwestern Teaching Hospital Nigeria. Retrieved on December 5, 2023, from https://tinyurl.com/45cafrw2

Althoff, T., et al. "Large-scale physical activity data reveal worldwide activity inequality." Nature 547.7663 (2017): 336-339. Retrieved on May 30, 2024 from https://tinyurl.com/ykuzuenv

Badri, M., Khan, A., & Patel, S. (2023). Journal of Geriatric Sleep Medicine, 35 (2),123-131. Retrieved on May 26, 2023 from https://tinyurl.com/5nk2raf6

Basner, M., Fomberstein, K. M., Razavi, F. M., Banks, S., William, J. H., Rosa,R R., & Dinges, D. F. (2007). American time use survey: sleep time and its relationship to waking activities. Sleep, 30, 1085–1095. Retrieved on May 28, 2023 from https://tinyurl.com/5nk2raf6

Bsn, A. G., RN. (2023, July 1). Nola Pender: Health Promotion model. Nurseslabs. Retrieved on December 5, 2023 from https://tinyurl.com/2tczrpt2

Booth, S. L., Sallis, J. F., Ritenbaugh, C., Hill, J. O., Birch, L. L., Frank, L. D., Glanz, K., Himmelgreen, D., Mudd, M., Popkin, B. M., Rickard, K. A., St Jeor, , Hays, N. P. (2009). Environmental and societal factors affect food choice and physical activity: rationale, influences, and leverage points. Nutrition Reviews, 59(3), S21–S36. Retrieved on December 10, 2023 from https://tinyurl.com/yc6y9494

Carrasco, M. (2023, May 4). Survey: Financial Barriers Are Biggest ReasonsWhy People Don't Enroll in Higher Education. National Association of Student Financial Aid Administrators. Retrieved May 17, 2024, from https://tinyurl.com/38kma7wy

Cauter, E., & Knutson, K. L. (2008). Sleep and the epidemic of obesity in children and adults. European Journal of Endocrinology, 159 (Suppl. 1), S59-66. Retrieved on May 30, 2023 from https://tinyurl.com/5nk2raf6

Chu, H. S., Oh, J., & Lee, K. (2022). The Relationship between Living Arrangements and Sleep Quality in Older Adults: Gender Differences. International Journal of Environmental Research and Public Health, 19, 3893. Retrieved on November 11, 2023 fromhttps://tinyurl.com/dpw4utvn

Chen, J., Xu, H., & Liu, Y. (2021). Sleep quality and cognitive decline in older adults: A longitudinal study. *Journal of Gerontology: Medical Sciences 76*(8), 1473-1480. Retrieved on May 26, 2023 from https://tinyurl.com/49mm4tz9

Cohrdes, C., Mensink, G. B. M., & Hölling, H. (2018). How you live is how you feel? Positive associations between different lifestyle factors, functioning, and health-related quality of life across adulthood. Quality of Life Research, 27, 3281–3292. Retrieved on October 26, 2023 from https://tinyurl.com/5nk2raf6

Collinge, A. N., & Bath, P. A. (2023, March 3). Socioeconomic Background and Self-Reported Sleep Quality in Older Adults during the COVID-19 Pandemic: An Analysis of the English Longitudinal Study of Aging (ELSA). International Journal of Environmental Research and Public Health, 20(5), 4534. Retrieved on November 11, 2023 from https://tinyurl.com/4en9ptxy

Chien, K. L., et al. "Sleep duration and the risk of coronary heart disease in a large population-based cohort."*American Journal of Epidemiology* 155.1 (2002): 56-64.Retrieved on May 30, 2024, from https://tinyurl.com/553k8wz5

Conley, C. S., Durlak, J. A., & Kirsch, A. C. (2020). A meta analysis of universal mental health prevention programs for higher education students. *Prevention Science, 21*(3), 363–376. .Retrieved on May 30, 2024, from https://tinyurl.com/553k8wz5

Cirelli, C., &Tononi, G. (2020). Effects of sleep and sleep loss on immunity and inflammation. Proceedings of the National Academy of Sciences, 117(47), 28394-28400. doi:10.1073/pnas.2008752117 Retrieved on May 30, 2024, from https://tinyurl.com/553k8wz5

Czeisler, C. A., et al. "Association between timing of work shifts and perceived sleep quality and health among US workers."*JAMA Network Open* 3.4 (2020): e205369-e205369. .Retrieved on May 30, 2024, from https://tinyurl.com/553k8wz5

Dasgupta, P., & Ray, D. (1987). Inequality as a determinant of malnutrition and unemployment: policy. The Economic Journal, 97(385), 177-188.

Dahlgren, A., Tucker, P., Gustavsson, P., Rudman, A.(2016). Quick returns and night work as predictors of sleep quality, fatigue, work – family balance, and satisfaction with work hours Retrieved on May 30, 2024, from https://tinyurl.com/553k8wz5

Despard, M., Grinstein-Weiss, M., Chun,Y., &Roll, S. (2020,July 13). COVID19 job and income loss leading to more hunger and financial hardship. Brookings Institution. Retrieved on December 01, 2023 form https://tinyurl.com/5ajdt8bt

Dubinina, E., Korostovtseva, L., Rotar, O., Amelina, V., Boyarinova, M., Bochkarev, M.,et al.(2021). Physical activity is associated with sleep quality: results of the ESSE-RF Epidemiological Study. Frontiers in Psychology, 2021(12). Retrieved on November 21, 2023 from https://tinyurl.com/bdes7u7c

Esteve, A., Pohl, M., Becca, F., et al. (2024). A global perspective on household size and composition, 1970–2020. Genus, 80(2).Retrieved May 17, 2024, from https://tinyurl.com/3c8rwvpb

Essiet, I. A., Baharom, A., Shahar, H. K., & Uzochukwu, B. (2017). Application of The Socio-Ecological Model to predict physical activity behavior among Nigerian University students. DOAJ (DOAJ: Directory of Open Access Journals), 26, 110. Retrieved on November 21, 2023 https://tinyurl.com/42zfrrmc

European Journal of Investigation in Health, Psychology and Education, 12(8),1143-1167 Retrieved on May 30, 2024 from https://tinyurl.com/58wsf6x6

Frank, M. G. (2006). The mystery of sleep function: Current perspectives and future Directions. Rev Neurosci, 17, 375-392. .Retrieved on October 23, 2024, from https://tinyurl.com/553k8wz5

Garmabi, H., Ebrahimi, M., & Hosseinzadeh, M. (2023). *Journal of Geriatric Psychiatry*. Retrieved on May 26, 2023 from https://tinyurl.com/45bcmsyw

Grandner, M. A., et al. "The association between sleep duration and mortality: A systematic review and meta-analysis. *"Sleep Medicine Reviews* 16.3 (2012): 203-214. Retrieved on May 30, 2024, from https://tinyurl.com/5x7rh2sy

Gordon, N. P., Yao, J. H., Brickner, L. A., & et al. (2022). Prevalence of sleep-related problems and risks in a community-dwelling older adult population: A cross-sectional survey-based study. *BMC Public Health, 22*(1), 2045. Retrieved on May 26, 2023 from https://tinyurl.com/ynuhzv38

Gulia, K. K., & Kumar, V. M. (2018). Sleep disorders in the elderly: a growing Challenge. .Retrieved on May 18, 2024, from https://tinyurl.com/553k8wz5

Guo, L., Wei, M., Namassevayam, G., Zhang, M., Xie, Y., Meng, R., Guo, Y., & Liu, Y. (2024). Is sleep quality a moderated mediator between perceived stress and depression among stroke patients? Frontiers in Public Health, Retrieved on May 24, 2023 from https://tinyurl.com/y3ctrz3m

Hays, R. D., & Reeve, B. (2010). Measurement and modeling of health-related quality of life. In J. Killewo, H. K. Heggenhougen, & S. R. Quah (Eds.), Epidemiology and demography in public health (pp. 195–205). San Diego: Academic Press. .Retrieved on May 30, 2024, from https://tinyurl.com/553k8wz5

Health-related Quality of Life (HRQOL): Variation across occupation groups | Blogs CDC. (2017, July 26). Retrieved on October 24, 2023 https://tinyurl.com/36s2cwn7

Hu, W., Chu, J., Chen, X., Liu, S., Sun, N., Han, Q., Shen, Y. (2022). The role of depression and physical activity in the association between sleep quality and duration with health-related quality of life among the elderly: A UK Biobank cross-sectional study. 338 Retrieved on October 24, 2023 from https://tinyurl.com/2p952f4n

Hu, W., Chu, J., Chen, X., Liu, S., Sun, N., Han, Q., Li, T., Feng, Z., He, Q., & Shen, Y.(2022).The role of depression and physical activity in the association of between sleep quality, and duration with and health-related quality of life among the elderly:Retrieved on May 26, 2023 from https://tinyurl.com/398hx544

Huguet, N., Kaplan, M. S., & Feeny, D. (2008). Socioeconomic status and health-related quality of life among elderly people: Results from the Joint Canada/United States Survey of Health. Social Science & Medicine, 66(4), 803–810. October 24, 2023 from https://tinyurl.com/2p952f4n

Kalmbach, D. A., et al. "Social rhythms in insomnia disorder: Understanding the impact of social, sleep, and circadian factors on health."*Sleep Medicine Clinics* 14.4 (2019): 377-388. Retrieved on May 30, 2024, from https://tinyurl.com/bdt6wvpr

Kim J. (2011). The mediating effects of lifestyle factors on the relationship between socioeconomic status and self-rated health among middle-aged and older adults in Korea. Retrieved on May 23, 2024 from https://tinyurl.com/46y6cz7c

Kim, H. J., Park, S., Park, S. H., Heo, Y. W., Chang, B. S., Lee, C. K., & Lee, J. H. (2017). This significance of frailty in the relationship between socioeconomic status and health-related quality of life in the Korean community-dwelling elderly population: Mediation analysis with bootstrapping. Quality of Life Research, 26(12), 3323-3330. Retrieved on May 23, 2024 from https://tinyurl.com/yj35w7tc

Kitsaki, M., Katsiroumpa, A., Zioga, S., Moisoglou, I., & Galanis, P. (2024). Psychosocial effects of retirement on the elderly: a systematic review. Research Square (Research Square). Retrieved on May 24, 2024 from https://tinyurl.com/2p7tzcvy

Kripke, D. F., Garfinkel, L., Wingard, D. L., Klauber, M. R., & Marler, M. R. (2002). Mortality associated with sleep duration and insomnia. Archives of General Psychiatry, 59(2), 131–136. October 24, 2023 from https://tinyurl.com/2p952f4n

Kwon, A. M., & Shin, C. (2016). Relation Between Health-Related Quality of Life and Sleep Quality With Adjustment for Comorbidity Among the Korean Elderly:Mixed-Effects Model With a 6-Year Follow-up Study. Asia Pac J Public Health, 28(3), 271-279. Retrieved on October 24, 2023 from https://tinyurl.com/mwrrxxab

Langille, J. D., & Rodgers, W. M. (2010). Exploring the influence of a social ecological model on School-Based Physical Activity. Health Education& Behavior, 37(6), 879–894. Retrieved on October 30, 2023 from https://tinyurl.com/yvvdd332

Lee, G. B., Kim, H. C., Jeon, Y. J., & Jung, S. J. (2021). Association between socioeconomic status and longitudinal sleep quality patterns mediated by depressive symptoms. Sleep, 44(zsab044). Retrieved on May 24, 2023from https://tinyurl.com/bdeav7h2

Lee, S., Kim, J. H., & Chung, J. H. (2021). The association between sleep quality and quality of life: a population-based study. Sleep Medicine, 84, 121–126. Retrieved on October 30, 2023 from https://tinyurl.com/bd9t83cv

Lee, S., Kim, J., & Park, S. (2023). Socioeconomic disparities in health-related quality of life among older adults in Korea. International Journal of Environmental Research andPublic Health, 20(5), 2751. Retrieved on May 24, 2023 from https://tinyurl.com/2k2k3ezu

Levenson, J. C., Shensa, A., Sidani, J. E., Colditz, J. B., & Primack, B. A. (2016). The association between social media use and sleep disturbance among young adults. Preventive Medicine, 85, 36–41. October 24, 2023 from https://tinyurl.com/2p952f4n

Lindberg, M.H., Chen, G., Olsen, J.A., et al. (2022). Combining education and income into a socioeconomic position score for use in studies of health inequalities. BMC Public Health 22, 969. Retrieved on September 15, 2023 from https://tinyurl.com/4k9kzvfj

Liu, X., Xu, P., Wei, R., Cheng, B., Sun, L., Yang, L., & Chen, G. (2024). Gender-and age-specific associations of sleep duration and quality with cognitive impairment in community-dwelling older adults in Anhui Province, China. Frontiers in Public Health, 11. Retrieved on May 24, 2024 from https://tinyurl.com/2z9n458m

Ma, X., Ou, W., Wu, S., et al. (2021). Health - related quality of life of the Chinese general population during the COVID-19 pandemic:a cross-sectional survey. *BMC Public Health*, 21, Article 1417. Link. October 24, 2023 from https://tinyurl.com/2p952f4n

Mackenbach, J. P., Kunst, A. E., Cavelaars, A. E., Groenhof, F., & Geurts, J. J. (1997). Socioeconomic inequalities in morbidity and mortality in Western Europe. The Lancet, 349, 1655–1659. October 24, 2023 from https://tinyurl.com/2p952f4n

Mander, B.A.; Winer, J.R.; Walker, M.P. Sleep and human aging. *Neuron*; 2017; *94*,pp. 19-36 October 24, 2023 from https://tinyurl.com/2p952f4n

Ma, X., & McGhee, S. M. (2013). A cross - sectional study on socioeconomic status and health-related quality of life among elderly Chinese. BMJ Open,3(2), e002418. Retrieved on September 3, 2023 from https://tinyurl.com/ydka3c46

Matsui, K., Yoshiike, T., Nagao, K., Utsumi, T., Tsuru, A., Otsuki, R., et al. (2021). Association of subjective quality and quantity of sleep with quality of life among a general population. International Journal of Environmental Research and Public Health, 18, 12835. Retrieved on September 3, 2023 from https://tinyurl.com/wkz7t4d5

Ma, Y., Liang, L., Zheng, F., Shi, L., Zhong, B., Xie, W. (2020). Association Between Sleep Duration and Cognitive Decline. JAMA Network Open. 2020 Sep 1;3(9):e2013573. October 24, 2023 from https://tinyurl.com/2p952f4n

Mielck, A., Vogelmann, M., & Leidl, R. (2014). Health - related quality of life and socioeconomic status: Inequalities among adults with a chronic disease. BMC Health Services Research, 12(58).Retrieved on May 1, 2024 from https://tinyurl.com/y3ym3546

Monteiro, L. Z., De Farias, J. M., De Lima, T. R., Schäfer, A. A., Meller, F. O., & Silva, D. a. S. (2023). Physical activity and sleep in adults and older adults in southern Brazil. International Journal of Environmental Research and Public Health, 20(2), 1461. Retrieved on September 3, 2023 from https://tinyurl.com/yw5v89he

Murali, V., & Oyebode, F. (2022). 9.06 - Low Income Populations. In G. J. G. Asmundson (Ed.),Comprehensive Clinical Psychology (Second Edition) (pp. 81-95). Elsevier. ISBN 9780128222324.Retrieved on November 14 2023 from https://tinyurl.com/4k2rntc5

Older Workers Are Growing in Number and Earning Higher Wages | Pew Research Center (Employment) Older Americans Age 65 and Up More Likely to Be Working Now | Money (full time) Social Determinants of Health and Older Adults | health.gov (low income) October 24, 2023 from https://tinyurl.com/2p952f4n

Olsson, S., Berglund, H., & Hedman, R. (2023). "Socioeconomic status, comorbidities, physical exercise, and social support networks as determinants of HRQoL in the elderly." Journal of Geriatric Studies, 45(3), 123-135 October 26, 2023 from https://tinyurl.com/2p952f4n

Palmes, M. S., Trajera, S. M., & Ching, G. S. (2021). Demographics as determinants for predicting quality of life among senior citizens in the Philippines. International Journal of Research Studies in Management, 9(2). Retrieved on September 14, 2023 from https://tinyurl.com/bdzkhyrc

Patel, N. P., Grandner, M. A., Xie, D., Branas, C. C., & Gooneratne, N. (2019). "Sleep disparity" in the population: Poor sleep quality is strongly associated with poverty and ethnicity. BMC Public Health, 10(1), 475. Retrieved on May 30, 2024 from https://tinyurl.com/2p952f4n

Peñaranda, D., Pérez-Herrera, L. C., Moreno-López, S., Noguera, L., Hernández, D., Martínez, D., & Peñaranda, A. (2023). Audiological benefit, quality of life, and factors associated with functional gain in elderly hearing aid users in a developing country between 2017 and 2020: a pre-post-study. BMC Geriatrics, Retrieved on May 24, 2023 from 23(1). https://tinyurl.com/2mazswh5

Phifer, A. (2023, March 28). How does aging affect sleep? Baylor College of Medicine Blog Network. Retrieved on May 24, 2023 from https://tinyurl.com/5fj3pyhb

Philippens, N., Janssen, E., Kremers, S., & Crutzen, R. (2022). Determinants of natural adult sleep: Retrieved on September 14, 2023 from https://tinyurl.com/3hsmb44u

Psychogeriatrics : the official journal of the Japanese Psychogeriatric Society, 18(3), Retrieved on May 24, 2023 from https://tinyurl.com/mu374mu8
Pacheco, D., & Pacheco, D. (2023, May 23). *Pain and sleep*. Sleep Foundation. Retrieved on May 30, 2024 from https://tinyurl.com/fr73xc24

Reid, K. J., Martinovich, Z., Finkel, S., Statsinger, J., Golden, R., & Harter, K. (2006). Sleep:a marker of physical and mental health in the elderly. The American Journal of Geriatric Psychiatry, 14, 860–866 Retrieved on September 14, 2023 from. https://tinyurl.com/yc4w7zbh

Rezaei, O., Mokhayeri, Y., Haroni, J., Rastani,M.,Sayadnasiri, M.,Ghisvand, H., et al. (2017). Association between sleep quality and quality of life among students: a cross-sectional study. International Journal of Adolescent Medicine and Health, 32(2). Retrieved on September 20, 2023 from. https://tinyurl.com/29x4sj2b

Reference: Emma C. Sullivan, Emma James, Lisa-Marie Henderson, Cade McCall, Scott A. Cairney. The influence of emotion regulation strategies and sleep quality on depression Journal n and anxiety. *Cortex*, 2023; 166: 286 DOI: Retrieved on May 26, 2023 from https://tinyurl.com/5n6ukmcs

Rimaz, S., Ghasemi, S., Shahbazi, M., et al. (2022). Health-related quality of life among the elderly: a comparison of rural and urban populations. October 26, 2023 from https://tinyurl.com/2p952f4n

Sandberg, J. C., Talton, J. W., Quandt, S. A., Chen, H., Weir, M., Doumani, W. R., et al. (2014).Association between housing quality and individual health characteristics on sleep quality among Latino farmworkers. Journal of Immigrant and Minority Health, 265–272. October 26, 2023 from https://tinyurl.com/2p952f4n

Sarani, M., Karimzaei, T., Mohseni, M., &Shahrakivahed, A. (2016). The correlation between chronic diseases and quality of life among the elderly .ResearchGate. Retrieved on September 20, 2023 from https://tinyurl.com/3a3yp4xh

Samadarshi, S. C. A., Taechaboonsermsak, P., Tipayamongkholgul, M., & Yodmai, K.(2021). Quality of life and associated factors amongst older adults in a remote community, Nepal. Journal of Health Research/Warasan Wichai WitthayasatKanphaet, 36(1), 56–67. Retrieved on May 25, 2023 from https://tinyurl.com/wh3mv5v3

Schleupner, R., & Kühnel, J. (2021). Fueling work engagement: the role of sleep, health, and overtime. Frontiers in Public Health, 9, 592850. Retrieved on September 20, 2023 from https://tinyurl.com/s6m7tzny

Schwab, R. J. (2022, May 5). Periodic Limb Movement Disorder (PLMD) and Restless legs Syndrome (RLS). Merck Manual Professional Edition. Retrieved on May 24,2023 from https://tinyurl.com/yc452386

Sharifnezhad, A., Tabrizi, R., & Maleki, A. (2023). *Journal of Sleep Research*. Retrieved on May 26, 2023 from https://tinyurl.com/yckb5hrd

Siegel, J. M. (2005). Clues to the functions of mammalian sleep. Nature, 4371264-1271. October 29, 2023 from https://tinyurl.com/2p952f4n

Simonelli, G., Dudley, K. A., Weng, J., O'Mullan, C., & Cooper, B. (2020). Neighborhood factors as predictors of poor sleep in the Sueño study. Health & Place, 65, 102398. Retrieved on June 20, 2024 from https://tinyurl.com/2p952f4n

Sun, Y. A., Kalpakavadi, S., Prior, S., Thrift, A. G., Waddingham, S., Phan, H., & Gall, S. L. (2023). Socioeconomic status and health-related quality of life after stroke: A systematic review and meta-analysis. Health and Quality of Life Outcomes, 21(1), 1-15. [115]. Retrieved on September 25, 2023 from https://tinyurl.com/mtz7ejp4

Sun, H., Wang, J., & Liu, Z. (2020). Journal of Geriatric Sleep Medicine, 28 (3), 45-54.Retrieved on May 26, 2023 from https://tinyurl.com/4aurpsw6

Sullivan, R., Smith, A., & Johnson, T. (2023). Journal of Sleep Research, 32(1), 15-23. Retrieved on May 26, 2023 from https://tinyurl.com/55bdxf3z

Stefany Cristina, C. I., Jaquelini, B. C., Letícia Martins Cândido, Katia Jakovljevic, P. W., de Souza Moreira, B., Danielewicz, A. L., & Núbia Carelli Pereira, d. A. (2023). Association between sleep problems and multimorbidity patterns in older adults. BMC Public Health, 23, 1-8. Retrieved on May 24, 2023 from https://tinyurl.com/r8m776zm

Tudge, J., Merçon-Vargas, E. A., & Payir, A. (2022). Urie Bronfenbrenner's Bioecological Theory: its development, core concepts, and critical issues. In Springe eBooks (pp. 235–254). Retrieved on September 28, 2023 from https://tinyurl.com/22mbxebv

The importance of quality sleep for overall well-being. Trainerize.me. Retrieved on May 26, 2023 from https://tinyurl.com/4ye7vuj2

Vajda, C., Czernin, M., Matzer, F., Schenkeli, E., Lorenzoni, N., & Fazekas, C. (2017). Gender-related difference in sleep quality and tiredness in Austrian medical students. European Journal of Public Health,27(3), 491–492. Retrieved on September 28, 2023 from https://tinyurl.com/4u9j5vu8

Varga, A. (2023, May 16). How sleep apnea affects elderly spatial orientation. HCPLive. Retrieved May 24, 2024, from https://tinyurl.com/yjnrumxs

Wang, X., Liu, J., & Li, F. (2024). "Improving HRQoL in older adults through targeted interventions." Public Health Review, 56(1), 67-79. May 24, 2023 from https://tinyurl.com/yypvmztd

Wilson, I. B., &Cleary, P. D. (1995). Linking clinical variables with health-related quality of life: A conceptual model of patient outcomes. JAMA: Journal of the American Medical Association, 273, 59–65. May 24, 2023, from https://tinyurl.com/yypvmztd

Wei, L., Chen, X., & Li, Y. (2022). Socioeconomic status and sleep quality in older adults: A population-based study. Sleep Medicine, 83, 146-151 Retrieved on June 22, 2024 May 24, 2023 from https://tinyurl.com/yypvmztd

Wu, W., Wang, W., Dong, Z., Xie, Y., Gu , Y., Zhang Y., et al. (2018). Sleep quality and its associated factors among low-income adults in a rural area of China: a population based study. International Journal of Environmental Research and Public Health, 15(9), 2055 Retrieved on September 30, 2023 from https://tinyurl.com/daazj72

Yang, T., Wang, Y., & Ye, W. (2020). Socioeconomic status and quality of life: An assessment of the mediating effect of social capital. *BMC Public Health, 20*(1),1197. Retrieved on May 26, 2023 from https://tinyurl.com/3txkkvvc

Yang, J., Chang, T., Zhang, Y., et al. (2020).The impact of socioeconomic status on quality of life: The mediating role of education, employment, and environment. May 24, 2023 from https://tinyurl.com/yypvmztd.

Yu, B., Steptoe, A., Niu, K., Ku, P.-W. & Chen, L.-J. Prospective associations of social isolation and loneliness with poor sleep quality in older adults. 27(3), 683–691 (2018). Zendels, P., Ruggiero, A., & Gaultney, J. (2021). Gender differences affecting the relationship between sleep attitudes, sleep behaviors, and sleep outcomes. Cogent Psychology, 8(1), 1979713. Retrieved on September 30, 2023 from https://tinyurl.com/yv8vu7dv

Yuanyuan Liu, Lu Li, et al.(2020). "Socioeconomic Status and Health Among Older Adults in Rural and Urban China: The Moderating Role of Social Support" International Journal of Environmental Research and Public Health May 28, 2023 from https://tinyurl.com/yypvmztd

Zhang, B., & Wing, Y.K. (2022). The impact of sleep on physical and mental health in older adults. *Sleep Medicine Reviews, 63*, 101-121.Retrieved on May 26, 2023 from https://tinyurl.com/2jycm62m

Zhang, W., Zhou, B., Jiang, C. et al. Associations of daytime napping and nighttime sleep quality with depressive symptoms in older Chinese: the Guangzhou biobank cohort study. BMC Geriatr 23, 875 (2023). Retrieved on May 24, 2023 from https://tinyurl.com/yypvmztd

Zhang, S., Xie, L., Yu, H. et al. Association between nighttime-daytime sleep patterns and chronic diseases in Chinese elderly population: a community-based cross-sectional study. BMC Geriatr 19, 124 (2019). Retrieved on May 24, 2023 from https://tinyurl.com/yc5jt6u3

Zheng, L., Zhou, H., & Chen, Y. (2021). "Impact of health issues on HRQoL in elderly populations: A comprehensive review." May 24, 2023 from https://tinyurl.com/yypvmztd

Zhou, W., Hou, J., Sun, M., & Wang, C. (2022). The Impact of Family Socioeconomic Status on Elderly Health in China: Based on the Frailty Index. International journal of Environmental Research and Public Health, 19*, 968. Retrieved on September 30, 2023 from https://tinyurl.com/3uc695km

Zhou, Y., Ni, Y., Jones, M., Dai, X., Lim, C. C. W., Zhu, A., & Xu, X. (2023). Sleep Behaviors and Progression of Multimorbidity in Middle-Aged and Older Adults: A Prospective Cohort Study from China. ˜the journals of Gerontology. Series a, Biological Sciences and Medical Sciences, 78(10), 1871–1880. Retrieved on May 26, 2023 from https://tinyurl.com/3w4w8kdn

Appendix A

Survey Questionnaire

Part 1: PCS3 Socioeconomic Status Questionnaire 1

1. Which of the following best describes the highest level of education you have completed?

o Didn't Finish High School

o Didn't Finish High School, but completed a technical/vocational program o High School Graduate or GED (General Education Diploma)

o Completed High School and a technical/vocational program

o Less than 2 Years of College

o 2 Years of College or more/ including associate degree or equivalent

o College graduate (4 or 5 year program)

o Master's degree (or other post-graduate training)

o Doctoral degree (PhD., MD, EdD, DVM, DDS, JD,

etc.) Do you have firm plans for further education?

Yes

No

If yes, what?

2. What is your current employment status? Check ALL that apply. o Working full time for pay → number of hours per week

o Working part time for pay → number of hours per week

o Not currently employed, looking for work

o Retired

Appendix A: Cont'd

o Homemaker

o Disabled (not working because of permanent or temporary disability) o Other (please specify):

3. Which category best describes your yearly household income before taxes? Do not give the dollar amount, just give the category. Include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.

(Source: Philippine Statistics Authority (PSA))

Poor:

Below P10,957 monthly income

Low-income but not poor:

P10,957 to P21,914 monthly income

Lower middle:

P21,914 to P43,828 monthly income

Middle:

P43,828 to P76,66 monthly income

Upper middle:

P76,669 to P131,484 monthly income

Upper middle but not rich:

P131,483 to P219,140 monthly income

Rich:

P219,140 and above monthly income

Appendix A: Cont'd

Part 2: Pittsburgh Sleep Quality Index (PSQI)

Instructions: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. **Please answer all questions.**

1. During the past month, what time have you usually gone to bed at night?

_____-

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? _____

3. During the past month, what time have you usually gotten up in the morning?

_____

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

_____

5. During the past month, how often have you had trouble sleeping because you.	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes				
b. Wake up in the				

Appendix A: Cont'd

middle of the night or early morning				
c. Have to get up to use the bathroom				
d. Cannot breathe comfortably				
e. Cough or snore loudly				
f. Feel too cold				
g. Feel too hot				
h. Have bad dreams				
i. Have pain				
j. Other reason(s), please describe:				
6. During the past month, how often have you taken medicine to help you sleep (prescribed or				

Appendix A: Cont'd

7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
	No problem at all	Only very slight problem	Somewhat of a problem	A very big problem
8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?				
	Very good	Fairly good	Fairly bad	Very bad

Appendix A: Cont'd

9. During the past month, how would you rate your sleep quality overall?				
	No bed partner or room mate	Partner or room mate in other room	Partner in same room but not same bed	Partner in same bed
10. Do you have a bed partner or roommate?				
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
If you have a roommate or bed partner, ask him/her how often in the past month you have had:				
a. Loud snoring				

Appendix A: Cont'd

b. Long pauses between breaths while asleep				
c. Legs twitching or jerking while you sleep				
d. Episodes of disorientation or confusion during sleep				
e. Other restlessness while you sleep, please describe:				

Part 3: RAND 36-Item Health Survey 1.0 Questionnaire Items

Choose one option for each questionnaire item.

1. In general, would you say your health is:

○ 1 - Excellent

○ 2 - Very good

○ 3 - Good

○ 4 - Fair

Appendix A: Cont'd

○ 5 - Poor

2. Compared to one year ago, how would you rate your health in general now?

○ 1 - Much better now than one year ago

○ 2 - Somewhat better now than one year ago

○ 3 - About the same

○ 4 - Somewhat worse now than one year ago

○ 5 - Much worse now than one year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	1 - Yes, limited a lot	2 - Yes, limited a little	3 – No, not limited at all
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?			
4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?			
5. Lifting or carrying groceries?			
6. Climbing several flights of stairs?			

Appendix A: Cont'd

7. Climbing one flight of stairs?			
8. Bending, kneeling, or stooping?			
9. Walking more than a mile?			
10. Walking several blocks?			
11. Walking one block?			
12. Bathing or dressing yourself?			

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health

	1 - YES	2 - NO
13. Cut down the amount of time you spent on work or other activities, for example, it took extra effort.		
14. Accomplished less than you would like.		
15. Were limited in the kind of work or other activities.		
16. Had difficulty performing the work or other activities.		

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	1 - YES	2 - NO
17. Cut down the amount of time you spent on work or other activities.		
18. Accomplished less than you would like.		

Appendix A: Cont'd

19. Didn't do work or other activities as carefully as usual.		

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

○ 1 - Not at all

○ 2 - Slightly

○ 3 - Moderately

○ 4 - Quite a bit

○ 5 - Extremely

21. How much bodily pain have you had during the past 4 weeks?

○ 1 - None

○ 2 - Very mild

○ 3 - Mild

○ 4 - Moderate

○ 5 - Severe

○ 6 - Very severe

22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

○ 1 - Not at all

○ 2 - A little bit

Appendix A: Cont'd

○ 3 - Moderately

○ 4 - Quite a bit

○ 5 - Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	(1) All of the time	(2) Most of the time	(3) A good bit of the time	(4) Some of the time	(5) A little of the time	(6) None of the time
23. Did you feel full of sleep?						
24. Have you been a very nervous person?						
25. Have you felt so down in the dumps that nothing						

Appendix A: Cont'd

could cheer you up?						
26. Have you felt calm and peaceful?						
27. Did you have a lot of energy?						
28. Have you felt downhearted and blue?						
29. Did you feel worn out?						
30. Have you been a happy person?						
31. Did you feel tired?						

32. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

○ 1 - All of the time

○ 2 - Most of the time

○ 3 - Some of the time

Appendix A: Cont'd

○ 4 - A little of the time

○ 5 - None of the time

How true or false is each of the following statements for you.

	1 - Definitely true	2 - Mostly true	3 - Don't know	4 - Mostly false	5 - Definitely false
33. I seem to get sick a little easier than other people.					
34. I am as healthy as anybody I know.					
35. I expect my health to get worse.					
36. My health is excellent.					

Appendix A: Cont'd

Date:_____

Name (Optional):_____

Part 1: PCS3 Socioeconomic Status Questionnaire 1

1. Pila kabook tawo (Walay labot ang kaugalingon) ming puyo sa inyong balay?

_____

2. Pila ka mga*kwarto (lakip ang mga kwarto sa bisita, mga kwarto nga gigamiton mga opisina ug uban pa) nga naa sa balay o apartment nga imong primaryang pinuy-anan?*_____*walay primaryang pinuy-anan*.

3. Hain sa mosunod ang labing maayo nga nag hulagway sa kinatas-ang lebel sa edukasyon nga imong nahuman?

- Wala Nakahumansa High School
- Wala Nakahuman sa High School, pero nakahuman ug Technical Vocational Programo Graduate sa High School o GED (General Education Diploma)o Natapos ang High School ug usa ka Technical Vocational Programo Wala pay 2 ka Tuig sa Kolehiyo
- 2 ka Tuig sa Kolehiyo o labaw pa / lakip ang associate degree o katumbaso Graduate sa kolehiyo (4 o 5 ka tuig nga programa)o Master's degree (o uban pang post-graduate nga training)
- Degree sa doktora (PhD., MD, EdD, DVM, DDS, JD,ug uban pa) Adunay ka bay lig-on nga mga plano alang sa dugang nga edukasyon? Oo_____ _____Dili

  Kung oo, unsa?_____

4. Unsa ang imong kahimtang sa trabaho karon? Tseke ang TANAN nga magamit.

- Nagtrabaho full time for pay → Numero sa oras taga semana_____

Appendix A: Cont'd

- Nagtrabaho part time for pay ⟶ Numero sa oras taga semana_____
- Waly trabaho karon, nangita ug trabaho
- Nagretiro
- Tagbalay
- Baldado (wala mag trabaho tungod sapermanente o temporaryong apagkabaldado)
- Uban pa (palihugisulti)_____

5. Unsa nga ka tegorya ang labing maayo nga nag hulagway sa imong tinuig nga kita sa panimalay sa wala pa ang buhis? Ayaw ihatag ang kantidad sa dolyar, ihatag lang ang kategorya. Ilakip ang tanang kita nga na dawat gikan sa trabaho, social security, suporta gikan sa mga bata o ubang pamilya, welfare, Aid to Families with Dependent Children (AFDC), interes sa bangko, retirement accounts, rental property, investments, etc.

(Tinubdan: Philippine Statistics Authority (PSA))

- Ubos sa P10,957 nga binuwan nga kita
- P10,957 ngadto sa P21,914 matag buwan nga kita
- P21,914 ngadto sa P43,828 matag buwan nga kita
- P43,828 ngadto sa P76,66 matag buwan nga kita
- P76,669 ngadto sa P131,484 matag buwan nga kita
- P131,483 ngadto sa P219,140 matagbuwan nga kita
- P219,140 ug pataas matag buwan nga kita

Appendix A: Cont'd

Part 2: Pittsburgh Sleep Quality

Index (PSQI)

Istruksyon: Ang mga sunod nga pangutana na hisubay sa imong kaugalingon nga gawi sa pag tulog sulod lamang sa nag kalain-laing bulan. Ang imong mga tubag kinahanglan mag pakita sa labing tukma nga tubag alang sa kadaghanan sa mga adlaw ug gabii sama sa ming aging bulan. Palihug tubaga ang tanang pangutana.

1. *Sa mga imaging bulan, unsang aoras ka pirme makatulog sa gabii?*

_____

2. *Sa miaging bulan, unsa ka dugay (samga minuto) ang kasagara ng gikinahanglan nimo aron makatulog ka matag gabie?*

_____

3. *Sa imaging bulan, unsang orasa ka kasagara ng mo bangon sa buntag?*

_____

4. *Sa imaging bulan, pila ka oras ang aktuwal nga pagkatulog nimo sa gabii? (Kini Mahimong Lahi kay sa gidaghanon sa mga oras nga imong gi gugol sahig daanan.)*

_____

5. Sa miaging bulan kapil ana nimo, ikaw ba kay lisod matulog	Wala samilabay nga mga bulan.	Dili mo abot og usa ka higayon ka da semana.	Usa o duha ka higayon kada semana.	Tulo o labaw pang higayon kada semana.
a. Dili maka tulog				

Appendix A: Cont'd

sulod sa 30 minutos				
b. Pag mata sa tunga sa gabii o sayosa buntag				
c. Kinahanglan mo bangon aron mugamit ug banyo				
d. Dili ka ginhawa ug komportable.				
e. Ubo o hagok og kusog				
f. Ge bati ug kabugnaw				
g. Ge bati ug kainit				
h Naay bati nga damgo				
i. Naaygasakit				

Appendix A: Cont'd

j. laing himugdan nalihug Isaysay				
6.Sa nag-unangbulan, unsa ka dasignimo nag-inom og tambal aron makatulog. (Sa reseta o sa tambal nga walay reseta)?				

7. Samiaging bulan, ikapila nahitabo nagka-problema ka sapag pabilin nga mumata samtang naga-drive, nagkaon og mga pagkaon o nag-apil sa mga panagtapok nga aktibidad?				
	Wala'y problema	Gamay lang kayo nga problema,	Medyo usa ka problema	Daku kayo nga problema
8. Sa imaging bulan, unsa ka daku nga problema alang nimo ang pag pabilin og kadasig aron makahuman og mga buluhaton?				

Appendix A: Cont'd

	Maayo kaayo	Maayo	Medyo bati	Perting batia
9. Sa miagingbulan, unsa imong pag grado sa kalidad sa imong tulog sa kinatibuk-ang bahin?				
	Wala'y ka uban nga matulog	Naay kauban matulog an pero lain kwarto,	Kauban sa parehas nga kwarto pero lain ang higdaanan	Kauban sa parehas nga higdaanan
10. Naa ba kay kauban muhigda sahig daaan o ka uban matulog sa kwarto?				

Kung adunay ka uban sa kwarto o kauban sahig daanan pangutana kaniya kung unsa ka kasagaran sa milabay'ng bulan nga imong gihimo:				

Appendix A: Cont'd

a. kusog nga paghagok				
b. Taas nga pag-undang sa paginhawa samtang natulog				
c. Ang mga bitiis mukalit ug lihok c nagkurog samtang ikaw natulog.				
d. Mga kahimtang sa ka kulang sa orientasyon c kahibulong nga samtang natulog.				
e. Ang ubang mga ka samok samtang ikaw natulog, palihug ihulagway:				

Part 3: RAND 36-Item Health Survey

Pili og usa ka opsyon alang sa matag pangutana sa pangutanaire

1. Unsay pamati nimo sa imong tibuok nga panlawas?

○ 1 – Gamay rakaayo

○ 2 – Maayo

○ 3 – Maayo gamay

Appendix A: Cont'd

○ 4 – Nindot

○ 5 – Dili kaayo

2. Unsaon nimo pag-rate sa imong panglawas karon kung isukod sausa ka tuig sauna?

○ 1 – Karon mas maayo kaayo kaysa sausa ka tuig sauna

○ 2 – Karon mas maayo gamay kaysa sausa ka tuig sauna

○ 3 – Parehas ra

○ 4 – Karon mas dili maayo gamay kaysa sausa ka tuig sauna

○ 5 – Karon mas dili maayo kaayo kaysa sausa ka tuig sauna

Sa mga mosunod, gi-ilaba sa imong panglawas ang paghimosa mga aktibidad sa adlaw-adlaw? Kung oo, unsa ka kalisod?

	1- Oo, lisod kaayo	2- Oo, lisod gamay	3- Dili, dili lisod
3. Kusog nga mga aktibidad, sama sa pagdagan, pagbira og bug-at nga mga butang, pag salot sa malisud nga mga sports.			
4. Kasarang-ang mga aktibidad, sama sa pag-uyog sa lamesa, pag tulak sa vacuum cleaner, pagbola, o pagdula og golf			
5. Pagbira o pagdala sa mga groceries			
6. Pagsaka og daghan kaayong hagdanan			
7. Pagsaka og usa ka hagdan			

Appendix A: Cont'd

8. Pagduko ug pagluhod			
9. Paglakaw ug kapin sa usa ka milya			
10. Paglakaw sa daghang mga bloke			
11. Paglakaw sausa ka bloke			
12. Paghugas o pagbistida sa imong kaugalingon			

Sulod sa naglabay nga upat ka semana, aduna ka ba'y mga problema sa imong trabaho o uban pang adlaw-adlaw nga mga aktibidad tungod sa imong panglawas?

	1- OO	2- DILI
13. Giputol ang oras sa imong trabaho o uban pang mga aktibidad tungod sa mga emosyonal nga problema (samasa pagdumot o kabalaka)?		
14. Dili nakapadayon og maayo sa imong gusto		
15. Wala nakahimo og trabaho o uban pang mga aktibidad sa parehas ka maayo nga paagi samasauna		
16. Adunay ka ba'y kalisod sa paghimo sa trabaho o uban pang mga aktibidad (halimbawa, kinahanglanog dugang pagsisikap)?		

Appendix A: Cont'd

Sa nag-unang 4 ka semana, adunay ka ba og mga mo sunod nga problema sa imong trabaho o uban pang regular ngaadlaw-adlaw nga mga aktibidad tungod sa bisan unsang mga emosyonal ngamga problema (pareha sa pagdumot o pagkabalaka)?

	1- OO	2- DILI
17. Giputol ang gidaghanon sa oras nga imong gihunahuna sa trabaho o uban pang mga aktibidad		
18.Gamay lang ang na-accomplish kaysa sa imong gusto		
19. Wala gibuhat ang trabaho o uban pang mga aktibidad ingon sa normal nga pagka-maayo		

20. Sa nag-unang 4 ka semana, unsa kadaghan ang imong panglawas o emosyonal nga mga problema nga nakasulod sa imong normal nga mga sosyal nga aktibidad uban sa imong pamilya, mga higala, mga silingan, o mga grupo?

○ 1 - Dili gyud
○ 2 - Gamay lang
○ 3 - Kasagara
○ 4 - Kadaghan
○ 5 - Labaw kaayo

21. Unsa kadaghan ang imong kasakit sa lawas sulod sa nag-unang 4 ka semana?

○ 1 - Wala
○ 2 - Gamay rakaayo
○ 3 - Gamay
○ 4 – Kasagara

Appendix A: Cont'd

○ 5 - Kusog

○ 6 - Kusogkaayo

22. Sa nag-unang 4 ka semana, unsakadaghan ang kasakitnganakasulodsaimong normal ngatrabaho (apilna ang trabahogawassabalay ug ang mgahinanakitsabalay)?○ ○ 1 - Dili gyud

○ 2 - Gamay lang

○ 3 - Kasagara

○ 4 - Kadaghan

○ 5 - Labaw kaayo

Kining mga pangutana bahin sa imong gibati ug sa imong kahimtang sulod sa nag-unang 4 ka semana. Ibutang ang usa ka tubag nga pinakaduol sa imong gibati."

	(1) Sa tanan oras	(2) Kasag ara	(3) Dug ay-duga y	(4) Usah ay	(5) Gamay na panaho n	(6) Wala sa panaho n
23. Kampati ka ba og daghang enerhiya?						
24. Nerbyosa ka ba na pagkatawo?						

Appendix A: Cont'd

25. Nakadama ka ba og grabeng kalisud nga wala'y makapalipay nimo?						
26. Nakadama ka ba og kalinaw ug kahimaya?						
27. Adunay ka ba og daghang enerhiya?						
28. Nakadama ka ba og kasubo ug kamingaw?						
29. Nakadama ka ba og kapoy?						
30. Ikaw ba usa ka malipayong tawo?						
31. Nakadama ka ba og kakapoy?						

32. Sa nag-unang 4 ka semana, unsa kadaghan ang panahon nga anaa ang imong panglawas o emosyonal nga mga problema nga nakasulod sa imong mga sosyal nga aktibidad (pareha sa pagduaw-duaw sa mga higala, mga paryente)?

◯ 1 - Tanan sapanahon

◯ 2 - Kadaghan sa panahon

◯ 3 - Gamay nga bahin sa panahon

◯ 4 - Gamay lang sa panahon

◯ 5 - Wala sa panahon

Unsa ka tinuod o dili tinuod ang matag mo sunod nga mga pamahayag para kanimo?

Appendix A: Cont'd

	1 - Tinuod gyud	2 - Kasagara tinuod	3 - Dili ko siguradu	4 - Kasagara dili tinuod	5 - Dili tinuod
33. Hilabihan ko maong masakit kaysa sa ubang mga tawo					
34. Ako parehas sa kanunay nga malamposon sa panglawas sa tanang tawo nga ako nailhan					
35. Nag-expect ko nga ang akong pang lawas makadaot					
36. Maayo kaayo ang akong panglawas.					

Appendix B

Sample of the Filled-out Questionnaire

Questionnaire of Socioeconomic Status

Date: May 10, 2024
Name (Optional):_____

Part 1: PCS3 Socioeconomic Status Questionnaire 1

1. Pila kabook tawo (Walay labot ang kaugalingon) ming puyo sa inyong balay?

7

2. Pila ka mga *kwarto (lakip ang mga kwarto sa bisita, mga kwarto nga gigamit ingon mga opisina ug uban pa) nga naa sa balay o apartment nga imong primirya nga pinuy-anan?* 4 _____walay primaryang pinuy-anan.

3. Hain sa mosunod ang labing maayo nga naghulagway sa kinatas-ang lebel sa edukasyon nga imong nahuman?

o Wala Nakahuman sa High School

o Wala Nakahuman sa High School, pero nakahuman ug Technical Vocational Program o Graduate sa High School o GED (General Education Diploma) o Natapos ang High School ug usa ka Technical Vocational Program o Wala pay 2 ka Tuig sa Kolehiyo

✓ 2 ka Tuig sa Kolehiyo o labaw pa / lakip ang associate degree o katumbas o Graduate sa kolehiyo (4 o 5 ka tuig nga programa) o Master's degree (o uban pang post-graduate nga training)

o Degree sa doktora (PhD., MD, EdD, DVM, DDS, JD,ug uban pa)

Aduna ka bay lig-on nga mga plano alang sa dugang nga edukasyon?
Oo_____ ___Dili_____ Kung oo, unsa?_____

Appendix B: Cont'd

4. Unsa ang imong kahimtang sa trabaho karon? Tseke ang TANAN nga magamit.

O Nagtrabaho full time for pay ⟶ Numero sa oras taga semana_____

O Nagtrabaho part time for pay ⟶ Numero sa oras taga semana_____

O Waly trabaho karon, nangita ug trabaho

O Nagretiro

✓ Tagbalay

O Baldado (wala magtrabaho tungod sa permanente o temporaryo nga pagkabaldado)

O Uban pa (palihug isulti)_____

5.. Unsa nga kategorya ang labing maayo nga naghulagway sa imong tinuig nga kita sa panimalay sa wala pa ang buhis? Ayaw ihatag ang kantidad sa dolyar, ihatag lang ang kategorya. Ilakip ang tanang kita nga nadawat gikan sa trabaho, social security, suporta gikan sa mga bata o ubang pamilya, welfare, Aid to Families with Dependent Children (AFDC), interes sa bangko, retirement accounts, rental property, investments, etc.

(Tinubdan: Philippine Statistics Authority (PSA))

✓ Ubos sa P10,957 nga binuwan nga kita

P10,957 ngadto sa P21,914 matag buwan nga kita

P21,914 ngadto sa P43,828 matag buwan nga kita

P43,828 ngadto sa P76,66 matag buwan nga kita

P76,669 ngadto sa P131,484 matag buwan nga kita

P131,483 ngadto sa P219,140 matag buwan nga kita

P219,140 ug pataas matag buwan nga kita

Appendix B: Cont'd

Part 2: Pittsburgh Sleep Quality

Index (PSQI)

Instructions: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. **Please answer all questions.**

Istruksyon: Ang mga sunod nga pangutana nahisubay sa imong kinaugalingon nga gawi sa pagtulog sulod lamang sa nagkalain-laing bulan. Ang imong mga tubag kinahanglan magpakita sa labing tukma nga tubag alang sa kadaghanan sa mga adlaw ug gabii sa miaging bulan. Palihug tubaga ang tanang pangutana.

1. During the past month, what time have you usually gone to bed at night?

Sa mga miaging bulan, unsa nga oras ka pirme makatulog sa gabii?

6 PM

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

Sa miaging bulan, unsa ka dugay (sa mga minuto) ang kasagarang gikinahanglan nimo aron makatulog ka matag gabie?

15 MINS

3. During the past month, what time have you usually gotten up in the morning?

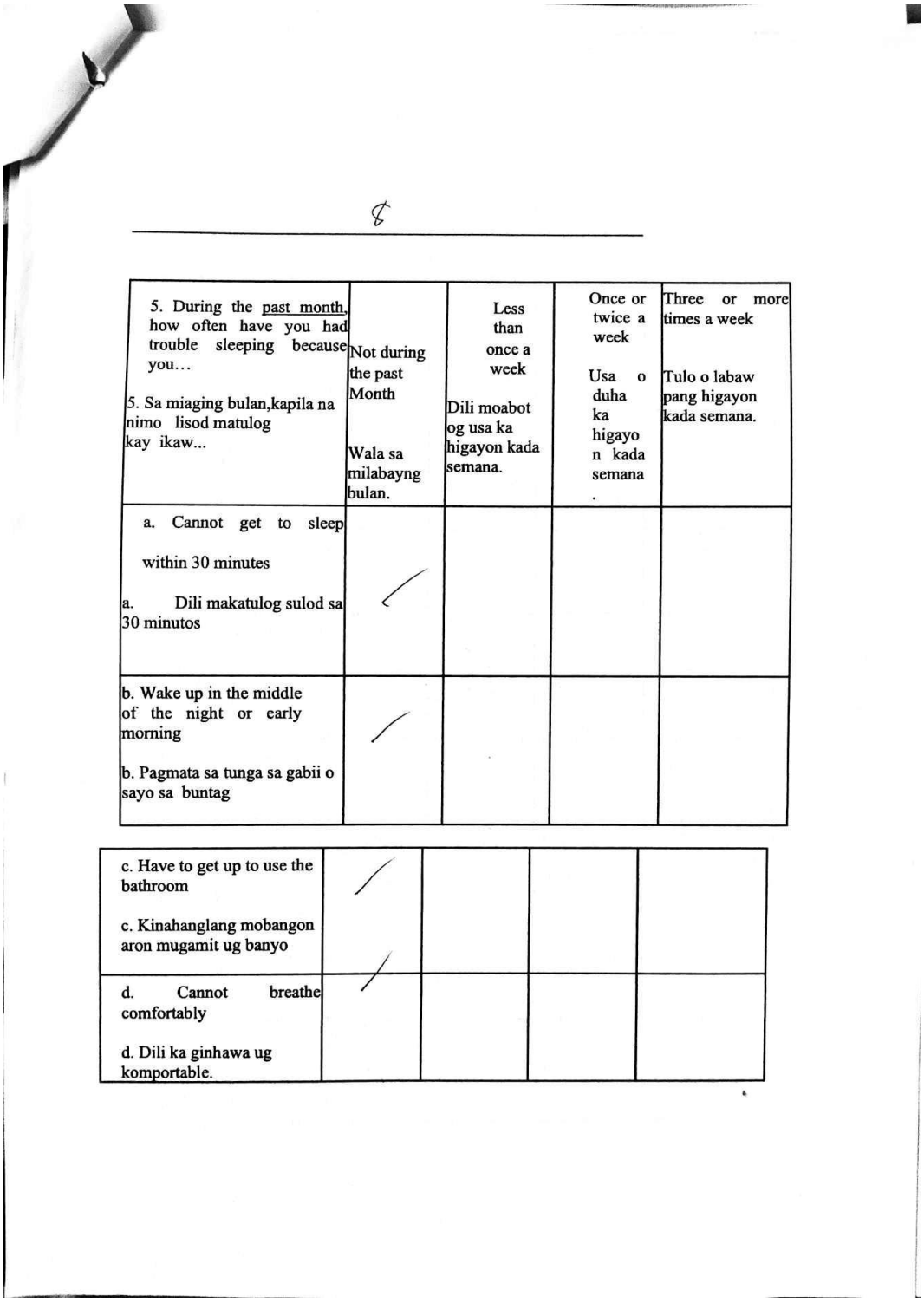
Sa miaging bulan, unsang orasa ka kasagarang mobangon sa buntag?

4 AM

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

Sa miaging bulan, pila ka oras ang aktuwal nga pagkatulog nimo sa gabii? (Kini Mahimong Lahi kay sa gidaghanon sa mga oras nga imong gigugol sa higdaanan.)

Appendix B: Cont'd



8

5. During the past month, how often have you had trouble sleeping because you… 5. Sa miaging bulan,kapila na nimo lisod matulog kay ikaw...	Not during the past Month Wala sa milabayng bulan.	Less than once a week Dili moabot og usa ka higayon kada semana.	Once or twice a week Usa o duha ka higayon kada semana.	Three or more times a week Tulo o labaw pang higayon kada semana.
a. Cannot get to sleep within 30 minutes a. Dili makatulog sulod sa 30 minutos	✓			
b. Wake up in the middle of the night or early morning b. Pagmata sa tunga sa gabii o sayo sa buntag	✓			
c. Have to get up to use the bathroom c. Kinahanglang mobangon aron mugamit ug banyo	✓			
d. Cannot breathe comfortably d. Dili ka ginhawa ug komportable.	✓			

Appendix B: Cont'd

e. Cough or snore loudly Ubo o hagok og kusog	✓			
f. Feel too cold Ge bati ug kabugnaw	✓			
g. Feel too hot Ge bati ug kainit	✓			
h. Have bad dreams Naay bati nga damgo	✓			
i. Have pain *Naay gasakit*	✓			
j. Other reason(s), please describe: banha *laing hinungdan , palihug* Isaysay				✓
6. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")? Sa nag-unang bulan, unsa ka kadasig nimo nag-inom og tambal aron makatulog. (Sa reseta o sa tambal nga walay reseta)?	✓			
7. During the past month, how often have you had trouble staying awake while driving, eating	✓			

Appendix B: Cont'd

kalidad sa imong tulog sa kinatibuk-ang bahin?				
	No bed partner or roommate Wala'y kauban nga matulog	Partner or roommate In other room Kauban pero lain kwarto,	Partner in same room but not on the same bed Kauban sa parehas nga kwarto pero lain ang higdaanan	Partner in same bed Kauban sa parehas nga higdaanan
10. Do you have a bed partner or room mate? Naa ba kay kauban muhigda sa higdaaan o kauban matulog sa kwarto?		✓		

	Not during the past month Wala sa milabayng bulan.	Less than once a week Dili moabot og usa ka higayon kada semana.	Once or twice a week Usa o duha ka higayon kada semana.	Three or more times a week Tulo o labaw pang higayon kada semana

Appendix B: Cont'd

kalidad sa imong tulog sa kinatibuk-ang bahin?				
	No bed partner or roommate Wala'y kauban nga matulog	Partner or roommate In other room Kauban pero lain kwarto,	Partner in same room but not on the same bed Kauban sa parehas nga kwarto pero lain ang higdaanan	Partner in same bed Kauban sa parehas nga higdaanan
10. Do you have a bed partner or room mate? Naa ba kay kauban muhigda sa higdaaan o kauban matulog sa kwarto?		✓		

	Not during the past month Wala sa milabayng bulan.	Less than once a week Dili moabot og usa ka higayon kada semana.	Once or twice a week Usa o duha ka higayon kada semana.	Three or more times a week Tulo o labaw pang higayon kada semana

Appendix B: Cont'd

If you have a room mate or bed partner, ask him/her how often in the past month you have had: Kon adunay kauban sa kwarto o kauban sa higdaanan pangutana kaniya kung unsa ka kasagaran sa milabay'ng bulan nga imong gihimo:	✓			
a. Loud snoring kusog nga paghagok	✓			
b. Long pauses between breaths while asleep Taas nga pag-undang sa paginhawa samtang natulog	✓			
c. Legs twitching or jerking while you sleep Ang mga bitiis mukalit ug lihok o nagkurog samtang ikaw natulog.	✓			
d. Episodes of disorientation or confusion during sleep. Mga kahimtang sa kakulang sa orientasyon o kahibulongan samtang natulog.	✓			

e. Other restlessness while you sleep, please describe: Ang ubang mga kasamok samtang ikaw natulog, palihug ihulagway:			✓	

Appendix B: Cont'd

Questionnaire of Health Status

Part 3: RAND 36-Item Health Survey 1.0 Questionnaire Items

Pili og usa ka opsyon alang sa matag pangutana sa pangutanaire.

1. Unsay pamati nmo sa imong tibuok nga panlawas?

1- Gamay ra kaayo 2 - Maayo 3 - Tugnaw 4 - Nindot 5 - Dili mayo

2. Unsaon nimo pag-rate sa imong panglawas karon kung isukod sa usa ka tuig sa una?

1- Karon mas maayo kaayo kaysa sa usa ka tuig sa una

2 - Karon mas maayo gamay kaysa sa usa ka tuig sa una

3 - Parehas ra

4 - Karon mas dili maayo gamay kaysa sa usa ka tuig sa una

5 - Karon mas dili maayo kaayo kaysa sa usa ka tuig sa una

Sa mga mosunod, gi-ila ba sa imong panglawas ang paghimo sa mga aktibidad sa adlaw-adlaw? Kung oo, unsa ka kalisod?

1- Oo, lisod kaayo 2- Oo, Lisod gamay 3- Dili, Dili lisod

3. Kusog nga mga aktibidad, sama sa pagdagan, pagbira og bug-at nga mga butang, pagsalmot sa malisud nga mga sports 1 2 3

4. Kasarangang mga aktibidad, sama sa pag-uyog sa lamesa, pagtulak sa vacuum cleaner, pagbola, o pagdula og golf 1 2 3

5. Pagbira o pagdala sa mga groceries 1 2 3

6. Pagsaka og daghan kaayong hagdanan 1 2 3

7. Pagsaka og usa ka hagdan 1 2 3

8. Pagduko ug pagluhod 1 2 3

9. Paglakaw ug kapin sa usa ka milya 1 2 3

10. Paglakaw sa daghang mga bloke 1 2 3

11. Paglakaw sa usa ka bloke 1 2 3

12. Paghugas o pagbistida sa imong kaugalingon 1 2 3

Appendix B: Cont'd

Sulod sa naglabay nga upat ka semana, aduna ka ba'y mga problema sa imong trabaho o uban pang adlaw-adlaw nga mga aktibidad tungod sa imong panglawas?

13 Giputol ang oras sa imong trabaho o uban pang mga aktibidad tungod sa mga emosyonal nga problema sama sa pagdumot o kabalaka)?

Oo (Dili)

14 Dili nakapadayon og maayo sa imong gusto

(Oo) Dili

15. Wala nakahimo og trabaho o uban pang mga aktibidad sa parehas ka maayo nga paagi sama sa una

(Oo) Dili

16. Adunay ka bay kalisod sa paghimo sa trabaho o uban pang mga aktibidad (halimbawa, kinahanglan og dugang pagsisikap)?

Oo (Hindi)

Sa nag-unang 4 ka semana, adunay ka ba og mga mosunod nga problema sa imong trabaho o uban pang regular nga adlaw-adlaw nga mga aktibidad tungod sa bisan unsang mga emosyonal nga mga problema (pareha sa pagdumot o pagkabalaka)

17. Giputol ang gidaghanon sa oras nga imong gihunahuna sa trabaho o uban pang mga aktibidad

(Oo) Hindi

18. Gamay lang ang na-accomplish kaysa sa imong gusto

(Oo) Hindi

19. Wala gibuhat ang trabaho o uban pang mga aktibidad ingon sa normal nga pagka-maayo

(Oo) Hindi

20. Sa nag-unang 4 ka semana, unsa kadaghan ang imong panglawas o emosyonal nga mga problema nga nakasulod sa imong normal nga mga sosyal nga aktibidad uban sa imong pamilya, mga higala, mga silingan, o mga grupo?

1 - Dili gid

2 - Gamay lang

(3) - Kasamtangan

4 - Kadaghanan

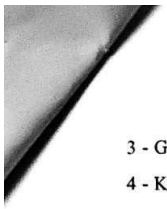
5 - Labaw kaayo

21. Unsa kadaghan ang imong kasakit sa lawas sulod sa nag-unang 4 ka semana?

(1) Wala

2 - Gamay ra kaayo

Appendix B: Cont'd



3 - Gamay

4 - Kasamtangan

5 - Kusog

6 - Labaw kaayo kusog

22. Sa nag-unang 4 ka semana, unsa kadaghan ang kasakit nga nakasulod sa imong normal nga trabaho (apil na ang trabaho gawas sa balay ug ang mga hinanakit sa balay)?

1 - Dili gid

(2) Gamay lang

3 - Kasamtangan

4 - Kadaghanan

5 - Labaw kaayo

Kining mga pangutana bahin sa imong gibati ug sa imong kahimtang sulod sa nag-unang 4 ka semana. Ibutang ang usa ka tubag nga pinakaduol sa imong gibati."

23 Kapati ka ba og daghang enerhiya?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

(3) Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

24. Nerbyosa/so kana na pagkatawo?

1 - Tanan sa panahon

(2) - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

25. Nakadama ka ba og grabeng kalisud nga wala'y makapalipay nimo?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

(3) - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

Appendix B: Cont'd

26.Nakadama ka ba og kalinaw ug kahimaya?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

27. Adunay ka ba og daghang enerhiya?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

28. Nakadama ka ba og kasubo ug kamingaw.

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

29.Nakadama ka ba og kapoy?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

28. Ikaw ba usa ka malipayong tawo?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

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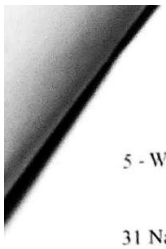
Appendix B: Cont'd



5 - Wala sa panahon"

31 Nakadama ka ba og kahadlok?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

32. Sa nag-unang 4 ka semana, unsa kadaghan ang panahon nga anaa ang imong panglawas o emosyonal nga mga problema nga nakasulod sa imong mga sosyal nga aktibidad (parcha sa pagduaw-duaw sa mga higala, mga paryente, etc.)?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

Pila ka tinuod o sala ang mosunod nga mga pahayag alang kanimo."

33. Hilabihan ko maong masakit kaysa sa ubang mga tawo

Tinuod gyud Sa kadaghanan tinuod Dili ko sigurado Sa kadaghanan dili tinuod Dili gyud tinuod

34. Ako parehas sa kanunay nga malamposon sa panglawas sa tanang tawo nga ako nailhan

Tinuod gyud Sa kadaghanan tinuod Dili ko sigurado Sa kadaghanan dili tinuod Dili gyud tinuod

35. Nag-expect ko nga ang akong panglawas makadaot

Tinuod gyud Sa kadaghanan tinuod Dili ko sigurado Sa kadaghanan dili tinuod Dili gyud tinuod

36. Ang akong panglawas maayo kaayo

Tinuod gyud Sa kadaghanan tinuod Dili ko sigurado Sa kadaghanan dili tinuod Dili gyud tinuod

Appendix B: Cont'd

Questionnaire of Health Status

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Oo (Dili)

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16. Adunay ka bay kalisod sa paghimo sa trabaho o uban pang mga aktibidad (halimbawa, kinahanglan og dugang pagsisikap)?

Oo (Hindi)

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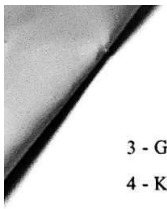

3 - Gamay

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4 - Kadaghanan

5 - Labaw kaayo

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3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

Appendix B: Cont'd

5 - Wala sa panahon"

31 Nakadama ka ba og kahadlok?

1 - Tanan sa panahon

2 - Kadaghanan sa panahon

3 - Gamay nga bahin sa panahon

4 - Gamay lang sa panahon

5 - Wala sa panahon"

32. Sa nag-unang 4 ka semana, unsa kadaghan ang panahon nga anaa ang imong panglawas o emosyonal nga mga problema nga nakasulod sa imong mga sosyal nga aktibidad (pareha sa pagduaw-duaw sa mga higala, mga paryente, etc.)?

1 - Tanan sa panahon

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35. Nag-expect ko nga ang akong panglawas makadaot

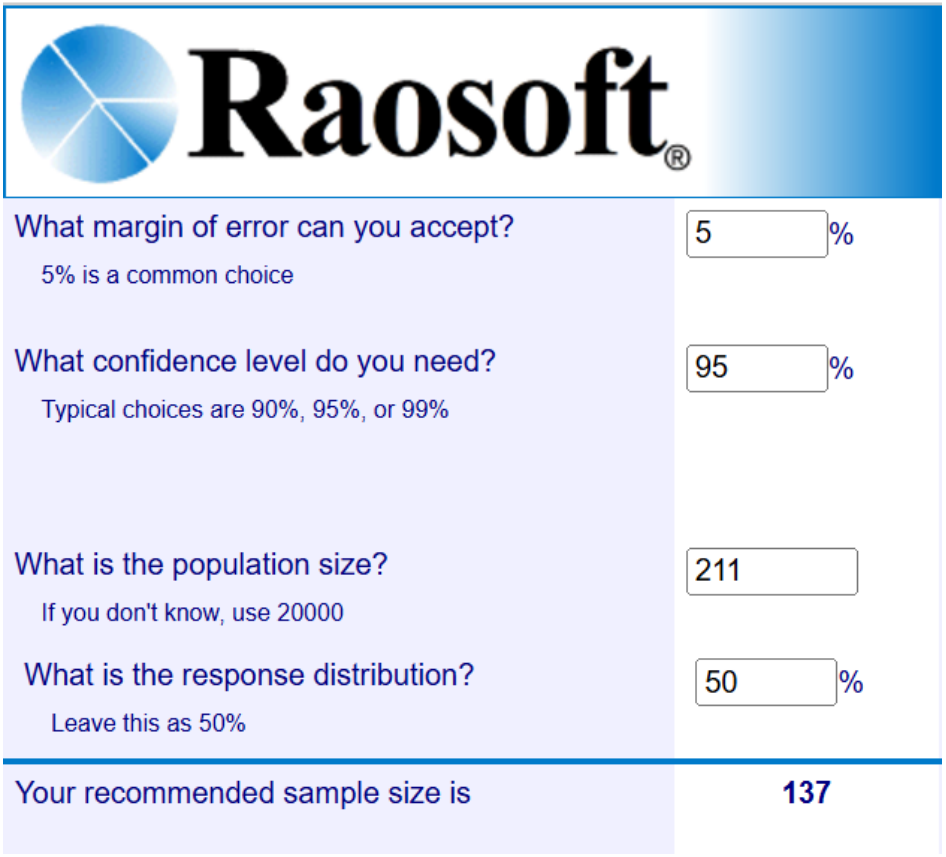
Tinuod gyud Sa kadaghanan tinuod Dili ko sigurado Sa kadaghanan dili tinuod Dili gyud tinuod

36. Ang akong panglawas maayo kaayo

Tinuod gyud Sa kadaghanan tinuod Dili ko sigurado Sa kadaghanan dili tinuod Dili gyud tinuod

Appendix C

Sampling Computation



Appendix D

Informed Consent Form

MISAMIS UNIVERSITY
Ozamiz City
College of Nursing, Midwifery and Radiologic Technology

RESEARCH INFORMED CONSENT FORM
(PORMA SA NASABTAN NGA PAGTUGOT)

Title
This study is titled "'Socioeconomic Status and Sleep Quality in Relation to Health-Related Quality of Life Among the Elderly.'

Researchers
This study is to be conducted by Kenly Razheil D. Moralde, Ellien Grace V. Padayao, Glory Mae Morales, Aprilheart S. Ovillo and Rhan Bryan D. Navarro who is pursuing the degree in Bachelor of Science in Radiologic Technology at Misamis University College of Nursing, Midwifery and Radiologic Technology with Dr. Merasol O. Duyag as the adviser. The researcher can be contacted through this mobile number 09619081461 or email address Razheilk.moralde@gmail.com and gracepadayao26@gmail.com

Purpose of the Research
The goal of our research is to gather insights into the factors influencing the health-related quality of life in this demographic, specifically focusing on socioeconomic status and sleep quality. By directly involving the elderly population in these three barangays as respondents, we aim to obtain valuable information contributing to a comprehensive understanding of the health-related quality of life within these communities. Identifying unique challenges and opportunities related to the well-being of the elderly will enable us to propose targeted interventions and community-based initiatives.

Description of the Research
This study will utilize a quantitative descriptive correlational design that is used to examine the relationship between two or more variables without manipulating them in a correlational study investigating the relationship between socioeconomic status, sleep quality and health related quality of life among the elderly

Potential Benefits
The future result of this study will be beneficial to the elderly individuals
Confidentiality

Appendix D: Cont'd

In the conduct of the study, full confidentiality will be assured. No information that discloses your identity will be released or published without your specific consent to the disclosure and only imperatively necessary. The materials that

contained the raw information derived from you will be destroyed after data processing within a given period.

Publication
The results of this study may be published in any form for public and scholarly consumption or used in classroom instruction to enrich learning and generate more knowledge for future research.

Participation
Your participation in this study must be voluntary and you have the right to withdraw if you feel uncomfortable in the process of gathering information from you.

Informed Consent
Given the information above, I confirm that the potential harms, benefits, and alternatives have been explained to me. I have read and understood this consent form, and I understand that I am free to withdraw from my involvement in the study any time I deem it to be necessary or to seek clarifications for any unclear steps in the research process. My signature indicates my willingness to participate in the study.

_____ _____
Printed Name and Signature of the Research Respondent Date

Appendix D: Cont'd

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

MISAMIS UNIVERSITY
Ozamiz City
College of Nursing, Midwifery and Radiologic Technology

RESEARCH INFORMED CONSENT FORM
(PORMA SA NASABTAN NGA PAGTUGOT)

Title
This study is titled "'Socioeconomic Status and Sleep Quality in Relation to Health-Related Quality of Life Among the Elderly.'

Researcher
Ang pagtuon gipahigayon sa mga estudyante nga mao sila si Kenly Razheil D. Moralde, Ellien Grace V. Padayao, Glory Mae Morales, Aprilheart S. Ovillo, ug Rhan Bryan D. Navarro nga nagakuha sa kurso nga Bachelor of Science in Radiologic Technology sa Misamis University College of Nursing, Midwifery, ug Radiologic Technology uban si Dr. Merasol O. Duyag isip ilang adviser. Ang mga researcher mahimo nga makontak pinaagi sa numero 09619081461 o email address Razheilk.moralde@gmail.com ug graccpadayao26@gmail.com

Purpose of the Research
Ang tumong sa among pagsaliksik mao ang pagkuha og kasayuran sa mga factor nga naga impluwensya sa kalidad sa kinabuhi nga may kalabutan sa panglawas niini nga demograpiko, nga partikular nga gipokus sa ekonomikong kahimtang ug kalidad sa pagkatulog. Pinaagi sa direkta nga pagdalahig sa mga katigulangan sa tulo ka barangay nga mga respondent, among tinguhaon nga makakuha og mahinungdanon nga impormasyon nga makatabang sa usa ka komprehensibo nga pagtuon sa kalidad sa kinabuhi nga may kalabutan sa panglawas sulod niining mga komunidad. Ang among research makatabang pud kay pwede kini maka rekomenda ug ga makatabang na interbensyon ug mga inisyatiba nga adunay base sa komunidad.

Description of the Research
Ang pagtuon nga niini magamit og kwantitatibong deskriptibo nga discnyong korclasyonal nga gigamit aron pagtan-aw sa relasyon tali sa duha o labaw pa ka mga kinabuhi nga mga variable nga walay pagmanipula kini sa usa ka korelasyonal nga pagtuon nga nag-investigar sa relasyon sa status sa ekonomiya, kalidad sa tulog, ug kalidad sa kinabuhi nga may kalabutan sa panglawas taliwala sa mga tigulang.

Potential Benefits
Ang hinungdanong resulta sa pagtuon kini mahimong kapuslanan sa mga tigulang

Appendix D: Cont'd

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
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GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

Confidentiality
Sa pagpahigayon sa pagsaliksik, kita nagtugot nga hugot ang pagtago sa impormasyon. Walay impormasyon nga makadiskubre sa imong pagkakakilanlan ang i-release o i-publish kung wala ang imong espesipikong pagsugot, ug kini lamang himuong kon kinahanglan sa labing importante. Ang mga materyales nga naglakip sa gipangkuha nga impormasyon gikan kanimo pagahimoang panason human sa pagproseso sa datos sulod sa gitakdang panahon.

Publication
Ang resulta sa pagsaliksik mahimo ipaambit sa publiko ug sa mga iskolar o gamiton sa pagtudlo sa mga klase aron mapalambo ang pagkat-on ug makatukod ug dugang kaalam alang sa mga susunod nga pagsaliksik.

Participation
Ang pag-apil nimo sa pagsaliksik kinahanglan nga bulontaryo, ug adunay ka nga katungod nga mo withdraw kon ikaw nagdili sa proseso sa pagkuha og impormasyon gikan kanimo.

Informed Consent
Base sa gihatag nga impormasyon, gikumpirmar nako nga gipasabot ninyo kanako ang mga potensyal nga kadaut, kaayuhan, ug alternatibo. Nabasa ug naintindihan nako kining pahayag sa pagtugot, ug nahibaw-an nako nga libre ko nga mobiya sa akong partisipasyon sa pagsaliksik bisan unsang orasa ko mahibal-an nga kinahanglanon o mosulay og pangutana kon aduna may mga dili klaro nga bahin sa proseso sa pagsaliksik. Ang akong pirma nagpaila sa akong kagustoan nga mosalmot sa pagsaliksik.

Printed Name and Signature of the Research Respondent

Date May 08, 2024

Appendix E

Approved Letters of Consent

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 9001:2015 Quality Management System – DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

March 2, 2024

DR. JESUS G. OCAPAN
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Ocapan:

Greetings of Peace and Prosperity!

We, the third-year students of Misamis University, Ozamiz City taking up Bachelor of Science in Nursing would like to formally request permission to conduct research entitled "Socioeconomic Status and Sleep Quality in Relation to Health-Related Quality of Life Among the Elderly. This study aims to investigate the relationship between socio-economic status and sleep quality in relation to Health-Related Quality of Life among the elderly residents in one of the Barangays in Ozamiz City. This research informs targeted healthcare interventions and contributes insights to gerontology and public health, benefiting policy development and nursing practices in addressing the unique challenges faced by aging populations.

Be assured that all gathered data will be treated with the highest level of confidentiality and utilized exclusively for academic purposes. Thank you very much and God bless.

Sincerely yours,

Kenly Raizheil D. Moralde
Ellien Grace V. Padayao
Glory Mae Morales
Aprilheart S. Ovillo
Rhan Bryan D. Navarro

Researchers

Noted by:

MERASOL O. DUYAG, Phd, RN
Research Adviser

Approved by:

DR. JESUS G. OCAPAN
College Dean

Appendix E: Cont'd

Misamis University
Ozamiz city 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 088 521- 0367 / telefax No. +63 088 521-2917
E-mail Address: mail@mu.edu.ph
CERTIFIED: ISO 9001: 2015 Quality Management System – DNV-GL
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

May 6, 2024

Mr. Roland Llantos Sr.
Barangay Captain
Bañadero,Ozamiz City

Dear Sir:

Greetings!

We, the undersigned, are third year students of Misamis University College of Nursing taking up Bachelor of Science in Nursing and are currently working on a research study entitled "Socioeconomic Status and Sleep Quality in Relation to Health-Related Quality of Life Among the Elderly.

In this connection, the researchers would like to request your approval to allow them to conduct the study in your Barangay. The older adults will be the respondents of the proposed research study. Moreover, the researchers will observe and adhere to safety protocols during the conduct of the study. A questionnaire will be given to the identified respondents to gather the desired data. Rest assured that all information derived will be treated with utmost confidentiality.

Respectfully yours,

KENLY RAZHEIL D. MORALDE
ELLIEN GRACE V. PADAYAO
GLORY MAE MORALES
APRILHEART S. OVILLO
for **RHAN BRYAN D. NAVARRO**

Researchers

MERASOL O. DUYAG, Phd, RN
Research Adviser

Noted by: JESUS G. DCAPAN, PhD, MAN, RN
Dean, College of Nursing, Midwifery and Radiologic Technology

Approved By:
ROLANDO J. LLANTOS SR.
Bañadero, Ozamiz City

Appendix E: Cont'd

Misamis University
Ozamiz city 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 088 521- 0367 / telefax No. +63 088 521-2917
E-mail Address: [redacted]
CERTIFIED: ISO 9001: 2015 Quality Management System – DNV-GL
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

May 6, 2024

Mr. Roland Llantos Sr.
Barangay Captain
Bañadero,Ozamiz City

Dear Sir:

Greetings!

We, the undersigned, are third year students of Misamis University College of Nursing taking up Bachelor of Science in Nursing and are currently working on a research study entitled "Socioeconomic Status and Sleep Quality in Relation to Health-Related Quality of Life Among the Elderly. To proceed, we will be needing the following data from your office:

- Which three Barangays in Ozamiz have the highest elderly population as of 2024.
- What is the population of older adults (ages 65 and above) in the three Barangays in Ozamiz with the highest elderly population as of 2024.

We intend to use the above-mentioned data to identify the sample size needed for a research study as well as to gather insights into the factors impacting the health-related quality of life in this demographic. We heartily express our gratitude and considering our request and ensure you that all protocols will be followed in all information derived will be treated without most confidentiality. We are looking forward to this research study to be published and make an impact to improve the health care system and implement sustainable health care services in Ozamiz City. If you have any questions or concerns you may contact us through razheilk.moralde@gmail.com or at 09619081461. Hoping for a favorable response on this matter. Thank you and keep safe!

Sincerely yours,

Kenly Razheil D. Moralde — **Ellien Grace V. Padayao**

Glory Mae Morales — **Aprilheart S. Ovillo**

Rhan Bryan D. Navarro
Researchers

MERASOL O. DUYAG, Phd, RN
Research Adviser

Noted by: JESUS O. OCAPAN, PhD, MAN, RN
Dean, College of Nursing, Midwifery and Radiologic Technology

Approved By:
ROLAND J. LLANTOS Sr.
Bañadero, Ozamiz City

Appendix F

Statistical Computation

Table 1. Respondents' Socioeconomic Status

Number of People Living at Home, Number of Bedrooms, Educational Attainment, Employment Status, and Salary Range		
Number of People at Home	**Frequency**	**Percent**
2	19	13.87
3	25	18.25
4	32	23.36
5	25	18.25
6	11	8.03
7	14	10.22
8	8	5.84
9	2	1.46
10	1	0.73
Total	*137*	*100.00*
Number of Bedrooms	**Frequency**	**Percent**
1	7	5.11
2	41	29.93
3	51	37.23
4	27	19.71
5	10	7.30
6	1	0.73
Total	*100*	*100.00*
Educational Background	**Frequency**	**Percent**
Didn't Finish High School	42	30.66
Didn't Finish High School but completed a technical/vocational program	37	27.01
High School Graduate	53	38.69
Completed High School and a technical/vocational program	5	3.65
Total	*137*	*100.00*
Occupational Status	**Frequency**	**Percent**
Working Full-time	5	3.65
Working Part-time	44	8.03
Not currently employed, looking for work	48	35.04

Appendix F: Cont'd

Retired	34	24.82
Homemaker	18	9.49
Disabled	8	13.14
Others	8	5.84
Total	*137*	*100.00*

Income	**Frequency**	**Percent**
Below P10,957 monthly income	77	56.20
P10,957 to P21,914 monthly income	45	32.85
P21,915 to P43,828	12	8.76
P43,829 – P76,669	3	2.19
Total	*137*	*100.00*

Table 2. Respondents' Sleep Quality

PSQI Global Score	**Mean**	**Standard Deviation**
Sleep Quality	0.96	0.91
Sleep Latency	0.86	0.61
Sleep Duration	1.09	0.77
Sleep Efficiency	0.58	1.02
Sleep Disturbance	1.47	0.61
Sleep Medication	0.85	0.95
Daytime Dysfunction	2.27	1.40
Total	1.15	0.90

Appendix F: Cont'd

Table 3. Respondents' Health-related Quality of Life

Scale	Items	Mean	SD
Physical Functioning	10	55.08	39.04
Role limitations due to physical health	4	52.55	50.10
Role limitations due to emotional problems	3	50.86	50.19
Energy/Fatigue	4	44.56	21.18
Emotional Well-being	5	43.67	21.69
Social Functioning	2	55.20	27.03
Pain	2	52.76	25.70
General Health	5	50.95	29.53
Total	35	50.70	33.06

Table 4. Significant Relationship Between the Respondents' Socioeconomic Status and Sleep Quality

Variables	r-value	p-value
Socio-economic Status & Sleep Quality	0.68	0.00

Note: p<0.01 (Highly Significant; p<0.05 (Significant); p>0.05 (Not Significant)

Appendix F: Cont'd

Table 5. Significant Relationship Between the Respondents' Socioeconomic Status and Health-related Quality of Life

Variables	r- value	p- value
Socioeconomic Status and Health-related Quality of Life among the Elderly.	0.75	0.00

Note: p<0.01 (Highly Significant; p<0.05 (Significant); p>0.05 (Not Significant)

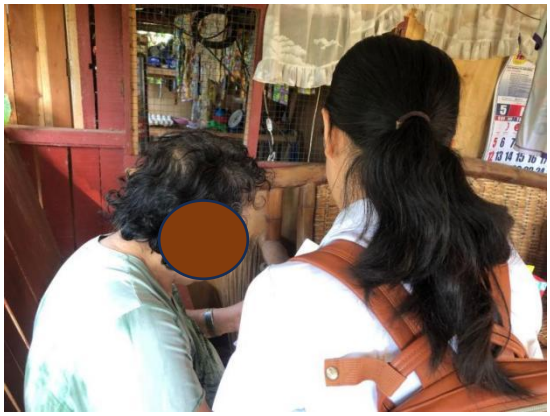
Table 6. Significant Relationship between the Respondents' Sleep Quality and Health-related Quality of Life

Variables	r- value	p-value
Sleep Quality and Health-related Quality of Life among the Elderly.	0.75	0.00

Note: p<0.01 (Highly Significant; p<0.05 (Significant); p>0.05 (Not Significant)

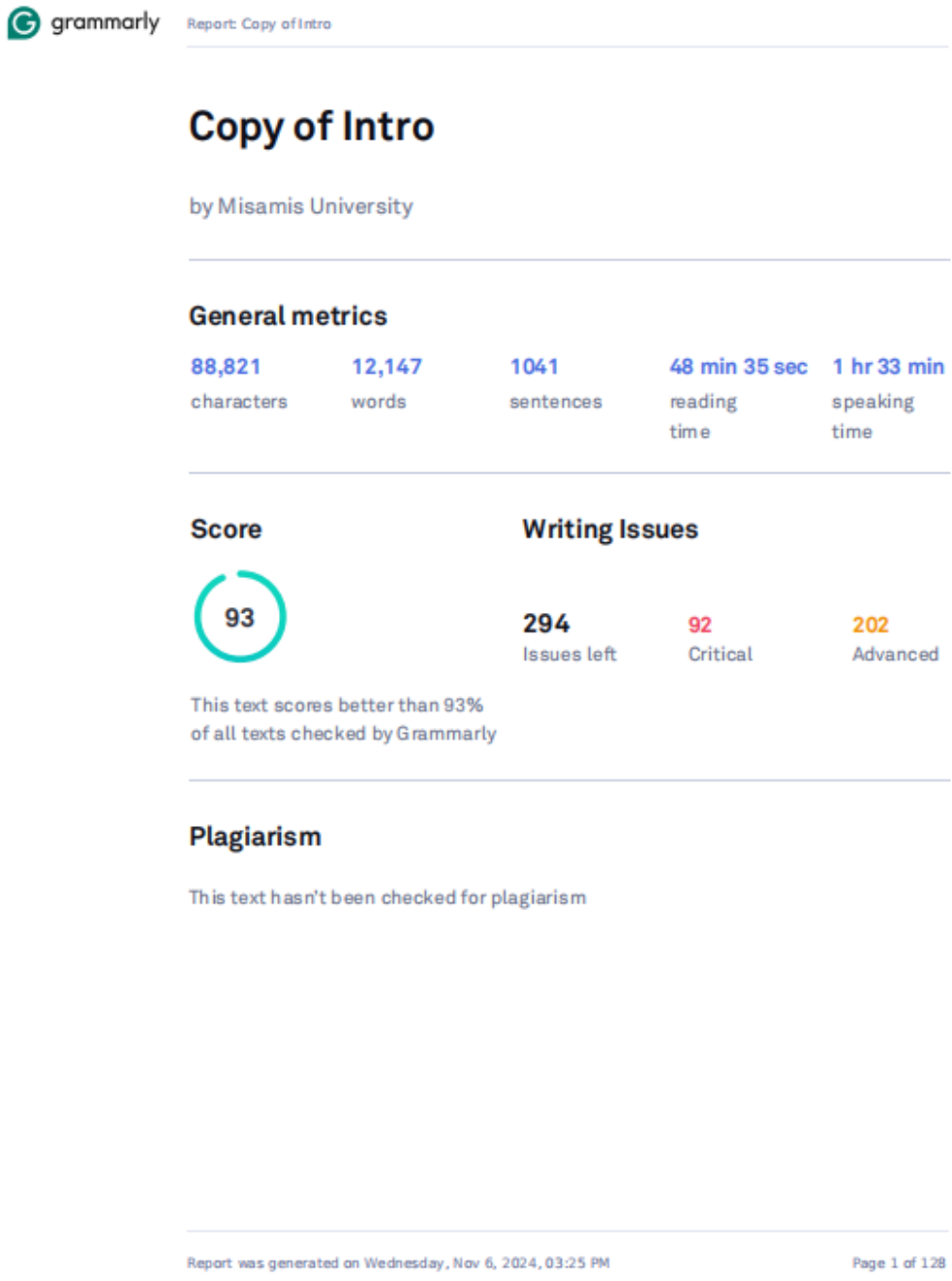
Appendix G

Documentation



Appendix H

Grammarly Report and Turnitin Result



grammarly Report: Copy of Intro

Copy of Intro

by Misamis University

General metrics

88,821	12,147	1041	48 min 35 sec	1 hr 33 min
characters	words	sentences	reading time	speaking time

Score

93

This text scores better than 93% of all texts checked by Grammarly

Writing Issues

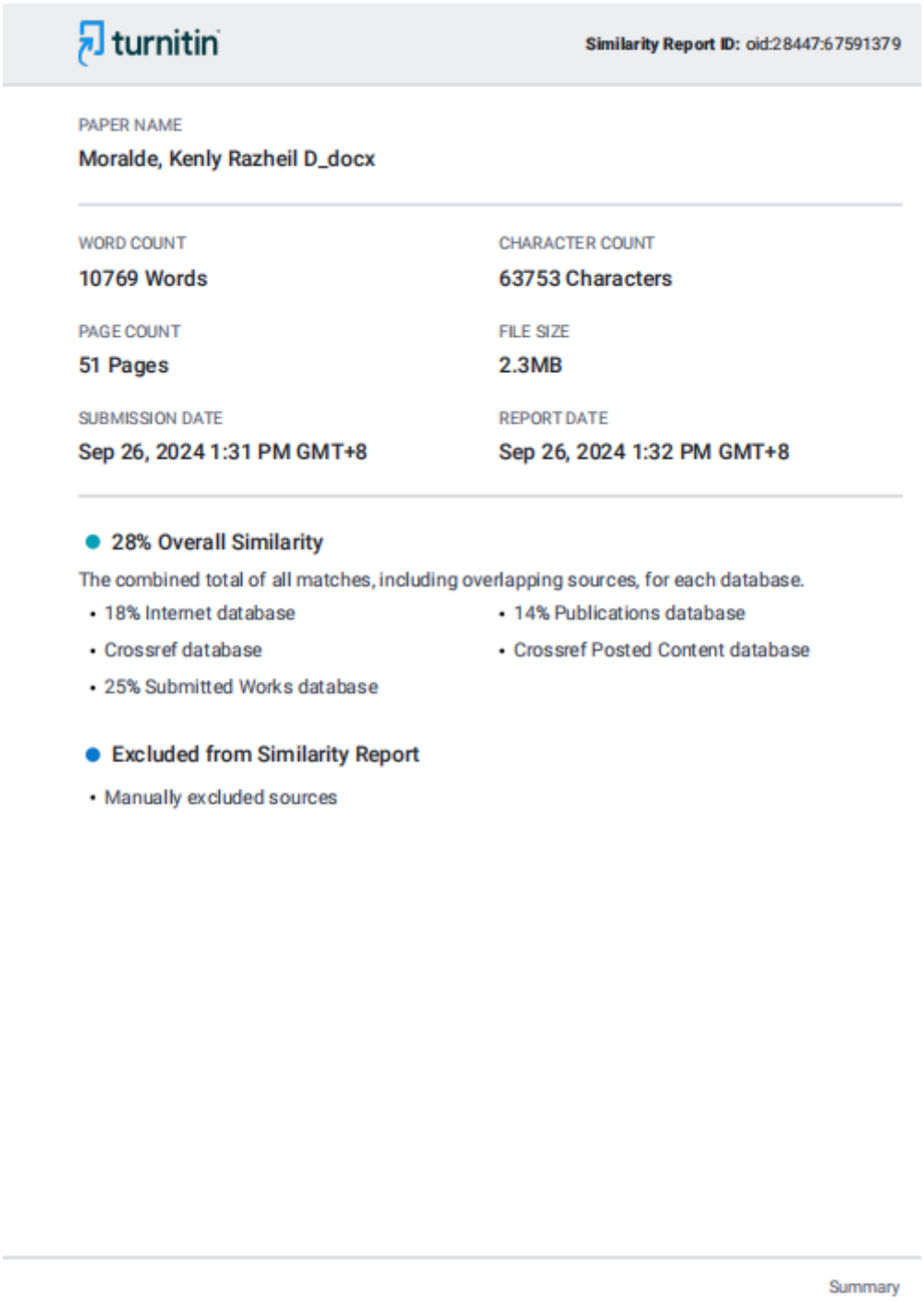
294	92	202
Issues left	Critical	Advanced

Plagiarism

This text hasn't been checked for plagiarism

Report was generated on Wednesday, Nov 6, 2024, 03:25 PM Page 1 of 128

Appendix H: Cont'd



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Summary

CURRICULUM VITAE

Personal Background

Name : Kenly Razheil D. Moralde

Date of Birth : October 29, 2002

Parents : Mr. & Mrs. Deogracio V. Moralde

Religion : Roman Catholic

Residence : Purok 4, Bañadero, Ozamiz City, Misamis Occidental

Contact Number : 09619081461

Email : razheilk.moralde@gmail.com

Educational Background

Elementary : La Salle University Integrated School
Secondary

Junior High School : Ozamiz City National High School

Senior High School : Misamis University

Tertiary : Misamis University

CURRICULUM VITAE

Personal Background

Name : Glory May L. Morales

Date of Birth : October 23, 2002

Parents : Mr. & Mrs. Julito F. Morales .

Religion : Roman Catholic

Residence : Purok 2 San Antonio, Ozamiz City, Misamis Occ.

Contact Number : 09683181702

Email : moralesglorymay82@gmail.com

Educational Background

Elementary : San Antonio Elementary School

Secondary

Junior High School : Ozamiz City School of Arts and Trades

Senior High School : Misamis University

Tertiary : Misamis University

CURRICULUM VITAE

Personal Background

Name	:	Rhan Bryan D. Navarro
Date of Birth	:	August 07, 2002
Parents	:	Mr. & Mrs. Ranulfo M. Navarro
Religion	:	Roman Catholic
Residence	:	Purok-6, Enerio Street, Upper Langcangan, Oroquieta City, Misamis Occidental
Contact Number	:	09700780327
Email	:	rhannavarro10@gmail.com

Educational Background

Elementary		Lower Langcangan Elementary School
Secondary	:	
Junior High School	:	Misamis Occidental National High School
Senior High School	:	Stella Maris College
Tertiary	:	Misamis University

CURRICULUM VITAE

Personal Background

Name	:	Aprilheart S. Ovillo
Date of Birth	:	April 15, 2003
Parents	:	Mr. & Mrs. Merlyn S. Ovillo
Religion	:	Roman Catholic
Residence	:	Purok 3 Liposong , Ozamiz City, Misamis Occidental
Contact Number	:	09099350598
Email	:	oaprilheart@gmail.com

Educational Background

Elementary		
Secondary	:	Felipe Carreon Central School
Junior High School	:	Ozamiz City National High School
Senior High School	:	Ozamiz City National High School
Tertiary	:	Misamis University

CURRICULUM VITAE

Personal Background

Name : Ellien Grace V. Padayao

Date of Birth : July 26, 2002

Parents : Mr. & Mrs. Edgar S. Padayao

Religion : Roman Catholic

Residence : Purok Pena, Pitogo Zamboanga Del Sur

Contact Number : 09199018542

Email : gracepadayao26@gmail.com

Educational Background

Elementary
Secondary : Pitogo Central Elementary School

Junior High School : Immaculate Conception High School

Senior High School : Misamis University

Tertiary : Misamis University