

more morningness ( $p=0.01$ ). Per the individual items, no differences were seen for evening energy levels ( $p=0.22$ ), but Spanish respondents reported slightly higher morning energy scores (2.76 vs 2.17,  $p=0.008$ ).

**Conclusion:** The individuals that completed the CIRENS in Spanish reported higher morning energy scores but no significant differences in chronotype. Future studies can use the Spanish CIRENS to evaluate circadian factors across cultural/linguistic groups.

**Support (If Any):**

## 0072

### A MEXICAN SPANISH VERSION OF THE INSOMNIA SEVERITY INDEX

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**Introduction:** Data were collected for the Insomnia Severity Index (ISI). To ensure the validity of study subject responses, the ISI was translated into Mexican Spanish by a bilingual research study team, based on a previous Spanish translation. It was then administered to study subjects in their preferred language.

**Methods:** Data were collected from a sample of  $N=100$  individuals of Mexican Descent in Nogales, Arizona, at the US-Mexico border. The Insomnia Severity Index (ISI) is a 7-item scale that quantifies the degree to which an individual experiences insomnia symptoms. A Spanish translation already exists, but this had not been previously localized to Mexican Spanish. To localize the measure, the following procedure was followed: (1) a bilingual community member edited the translation; (2) a certified medical translator edited the revised items; (3) a focus group of  $N=5$  bilingual community members made contextual edits to the new measure; (4) a back-translation was performed; (5) an additional bilingual focus group examined the final version for compatibility; and (6) the medical translator certified the accuracy of the final version. As a result of this process, text edits to items 4 and 6 were made to accomplish the localization (the other items remained unchanged). T-tests examined differences between those who completed the measure in Mexican Spanish vs English.

**Results:** Of the  $N=100$  survey respondents,  $N=42$  completed the ISI in Spanish. Those who completed the ISI in Spanish reported significantly lower overall scores (8.2 vs 9.8,  $p=0.048$ ). No significant differences were seen for individual items regarding early morning awakenings ( $p=0.13$ ), satisfaction ( $p=0.71$ ), interference with daily functioning ( $p=0.29$ ), whether sleep problems are noticeable ( $p=0.06$ ), and worry/distress about sleep ( $p=0.14$ ). However, those completing the measure in Spanish reported lower scores on items regarding difficulty falling asleep ( $p=0.03$ ) and staying asleep ( $p=0.001$ ).

**Conclusion:** When adapting the ISI to a Spanish-speaking population at the US-Mexico border, modifications were made to the existing Spanish translation to improve linguistic and cultural appropriateness.

**Support (If Any):**

## 0073

### A MEXICAN SPANISH VERSION OF THE SLEEP DISORDERS SYMPTOM CHECKLIST

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**Introduction:** The Sleep Disorders Symptom Checklist (SDSCL-25) is a brief assessment of patient-reported symptoms that suggest risk for a wide range of sleep disorders. To ensure the validity of study subject responses, the SDSCL-25 was translated into Spanish by a bilingual research study team. It was then administered to study subjects in their preferred language.

**Methods:** Data were collected from a sample of  $N=100$  individuals of Mexican Descent in Nogales, Arizona, US-Mexico border. The SDSCL-25 is a screening tool that assesses the presence of a wide range of symptoms for sleep disorders. To translate the measure into Spanish, the following procedure was followed: (1) a bilingual study team member performed an initial translation; (2) a bilingual community member edited the translation; (3) a certified medical translator edited the revision; (4) a focus group of  $N=5$  bilingual community members made contextual edits; (5) a back-translation was performed; (6) an additional bilingual focus group examined the final version for compatibility; and (7) the medical translator certified the accuracy of the final version. T-tests examined differences between those who completed the measure in Spanish vs English.

**Results:** Of the  $N=100$  survey respondents,  $N=42$  completed the SDSCL-25 in Spanish. Those who took the measure in Spanish showed no differences in frequency of reports of delayed sleep phase ( $p=0.28$ ), snoring ( $p=0.85$ ), morning dry mouth ( $p=0.87$ ), choking/gasping ( $p=0.09$ ), uncomfortable sensations in legs ( $p=0.25$ ), urge to move legs ( $p=0.09$ ), cataplexy ( $p=0.09$ ), sleep paralysis ( $p=0.12$ ), sleepwalking ( $p=0.08$ ), or bruxism ( $p=0.13$ ). Respondents in Spanish reported lower frequency of insufficient sleep ( $p=0.01$ ), variability in bedtime ( $p=0.02$ ), difficulty falling asleep ( $p=0.002$ ), difficulty staying asleep ( $p=0.01$ ), early morning awakenings ( $p=0.02$ ), daytime tiredness/fatigue ( $p=0.006$ ), phase advance ( $p=0.0003$ ), daytime sleepiness ( $p=0.03$ ), loud snoring (0.002), breathing pauses ( $p=0.049$ ), frequent awakenings ( $p=0.0007$ ), hypnagogic/pompic hallucinations ( $p=0.003$ ), nightmares ( $p=0.047$ ), panic awakenings ( $p=0.01$ ), and overall sleep disturbance ( $p=0.043$ ).

**Conclusion:** The present study describes a Spanish translation of the SDSCL-25. For those that took the Spanish version, there were lower reported frequencies of insufficient sleep, variability in bedtime, insomnia symptoms, daytime sleepiness and tiredness/fatigue, phase advance, sleep apnea symptoms, frequent awakenings, hypnagogic/pompic hallucinations, nightmares, panic awakenings, and overall sleep disturbance.

**Support (If Any):**