

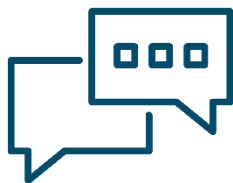


Waking up to Sleep

Exploring how Medway Sleeps

November 2025

About Us



Healthwatch Medway is your local independent champion for health and social care. Our aim is to improve services by ensuring local voices are heard – we want to hear about health and social care experiences to influence positive change for communities across the Medway area. We have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.

We use your feedback to better understand the challenges facing the NHS and other care providers, to make sure your experiences improve health and care services for everyone. It is really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining and that "nothing ever changes". Or, if you've had a great experience, that you 'wish you could say thank you'. Your feedback is helping to improve people's lives, so if you need advice or are ready to tell your story, we're here to listen.



A notice on Healthwatch England:

As part of the Dash Review published in July 2025, Healthwatch England and the Local Healthwatch network was recognised for its work in listening to and raising the voice of the people who use Health and Social Care services across the country. The review highlighted the government's desire to streamline bodies contributing to patient safety and consequently Local Healthwatch responsibilities will be transferred to ICBs and Local Authorities.

This transformation will take time and therefore, here in Kent and Medway, we will continue to work with the public and stakeholders to achieve change for local people. We also recognise that since the announcement, while the current body of Healthwatch will cease to exist, there has been an acknowledgement of the need for high quality, independent voice to remain.



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Summary

Introduction

Poor sleep quality and insufficient sleep duration are linked to increased stress, impaired emotional regulation and reduced workplace productivity contributing to an estimated £40bn annual loss to the UK economy. Healthwatch Medway researched the sleep health and sleep routines of Medway residents between July and August 2025 to provide insight into the broader impact of sleep on health and wellbeing.

Methods

This study made use of in-person surveys across community groups, local businesses and high street settings in Medway, and aimed to observe three key measures:

1. The overall quality of sleep that participants self-identify.
2. The length of sleep that participants experience per night.
3. The frequency at which participants wake up feeling refreshed and ready for the day.

A total of **97** people participated in the study and a combination of quantitative and thematic analysis was used to interpret participants' responses. All participant data was analysed independently of empirical field research to ensure that observations and interpretations were objectively drawn from the collected responses.

Findings

- **41%** of participants reported poor or very poor sleep quality, with only **28%** reporting good or very good sleep quality.
- **68%** of participants sleep less than they believe they should and **25%** reported never waking up feeling refreshed and ready for the day.
- Mental health, physical health and work-related stress were among the most frequently cited factors negatively impacting sleep.
- Undisturbed sleep was the most common definition of good sleep, while lethargy and exhaustion were the most reported consequences of poor sleep.
- Sleep disparities were evident across employment status, deprivation levels and age groups, with unemployed individuals and individuals from areas of higher overall deprivation more likely to experience poor sleep.

Conclusions

This study provides a snapshot into the sleep health sleep routines of Medway residents. The majority of participants reported experiencing fair or poor sleep (**72%**) and

experiencing fewer hours of sleep than they believed necessary (**68%**). In addition, almost half of all participants were never or rarely waking up feeling refreshed and ready for the day (**47%**).

A gap in awareness and confidence around sleep improvement strategies was identified with more than half of all participants (**54%**) reporting feeling unsure what could be done to improve their sleep.

Key Insights

1. Sleep inequalities exist.

Individuals from areas of higher overall deprivation and unemployed individuals are disproportionately affected by poor sleep, suggesting that targeting additional support to individuals from these groups could have a meaningful impact.

2. Lifestyle factors matter.

Routine, environment, diet and stress management were all frequently cited as both positive and negative influences on sleep, suggesting that small lifestyle changes could have a meaningful impact.

3. Awareness of support is limited.

Participants reported a limited awareness of available support, or were unsure how to improve their sleep whatsoever, indicating that better education on sleep hygiene and on accessible services could have a meaningful impact.

Introduction

Sleep deprivation has an effect upon our personal health, job performance and the wider economy. Poor sleep quality and insufficient sleep duration are linked to increased stress, impaired emotional regulation and reduced workplace productivity contributing to an estimated £40bn annual loss to the UK economy. Sleep deprivation also affects job security with links to sickness absence, job dissatisfaction and perceived insecurity. Furthermore, inadequate sleep is associated with higher caffeine intake, poor diet and increased risk of conditions such as obesity, diabetes and cardiovascular disease.

Healthwatch Medway researched the sleep health and sleep routines of Medway residents to provide insight into the broader impact of sleep on health, wellbeing and societal functioning. Between July and August 2025, a survey was conducted with **97** Medway residents to identify three key components: **(1)** the quality of sleep that people are getting; **(2)** the length of sleep that people are getting; and **(3)** the frequency at which people wake up feeling refreshed and ready for the day. This was a pilot study looking at the similarities and differences in self-identified sleep health and sleep routines.

Background

There are four key sleep health dimensions: sleep quality, sleep adaptability, sleep duration, and daytime functioning. Daytime functioning is the strongest predictor of both physical and mental health, while sleep adaptability is the strongest predictor of perceived stress (Allen et al., 2019). Poorer sleep quality and shorter sleep duration are both associated with a higher body mass index (BMI) and greater anxiety and depression symptoms (Illingworth et al., 2023). Diets high in fat and sugar are also linked to an increased risk of depression and anxiety (Hepsomali et al., 2021). Sustained and excessive alcohol consumption is associated with worse sleep profiles, particularly for older men (Britton et al., 2020). Better sleep quality is closely linked to a healthier diet and fewer mental health symptoms (Hepsomali et al., 2021). Sleep quality has been found to generally decrease across lifespan, but there is little evidence to show interactions between sleep quality and age on health outcomes (Gadie et al., 2017).

There is, however, evidence to suggest that sleep duration has an association with specific diseases and illnesses, including diabetes, hypertension, heart disease and depression (Zhu et al., 2021). Short sleep duration (less than 5 hours) and long sleep duration (more than 8 hours) both increase the likelihoods of these diseases and illnesses (Zhu et al., 2021). Short sleep duration also increases metabolic risk, such as strokes, (Arora et al., 2020) and has distinct negative associations to adolescent development, particularly with regards to the development of mental ill health (Qui et al., 2022). In pre-industrial societies, average sleep duration is typically only 5.7–7.1 hours (Yetish et al., 2015), and culturally relevant factors have been identified to have a significant impact upon sleep duration and sleep quality (Jeon et al., 2021).

It is commonly assumed that Western society is in the midst of a sleep deprivation epidemic, though this is largely derived from studies originating from the USA alone (see: Lamote de Grignon Pérez et al., 2018; Marshall & Lallukka, 2018). In the UK, the general population is now sleeping on average for 43 minutes longer than in the 1970s; going from 7 hr and 23 min in 1974, to 8 hr and 6 min in 2015 (Lamote de Grignon Pérez et al., 2018). Sleep deprivation is closely associated with daytime functioning, with impacts upon emotional regulation, resilience, mental ill health and productivity (Varney, 2018). Sleep deprivation is linked to work-related injuries and productivity losses estimated to cost the UK economy in excess of £40bn/annum (Weston et al., 2024). It is also closely associated with adverse psychological working conditions, including perceived job insecurity, job dissatisfaction, lacking a sense of achievement at work and feeling unappreciated at work (Palmer et al., 2017). Working 55 hr/week or more is related to shorter sleep duration and poorer sleep quality, but the poorest sleep is found amongst individuals working

extra-long hours, frequent weekends and non-standard schedules (including in isolation) (Weston et al., 2024). Potential occupational determinants of poorer sleep quality include unemployment, shift working and individuals with prolonged sickness absence (Palmer et al., 2017). For individuals who were furloughed during the COVID-19 pandemic, no link was found with changes to sleep, diet or wider health behaviours (Wielgoszewska et al., 2022).

Poorer sleep quality (including difficulties in falling and staying asleep, early morning wakening, and dissatisfaction over sleep with consequent daytime tiredness) is found to be less prevalent in those living in the South-East of England (Palmer et al., 2017). In 2018, approximately 8,000 people in Kent and Medway were treated for chronic sleeping problems, with sleep apnoea the most common condition (Bew, 2018). Sleep health services have faced pressures since COVID-19, including delays with procuring treatments and communicating patient outcomes to patients (see: FOI Request, 2022; FOI Request, 2024). New services are being implemented to alleviate pressures, particularly in Medway and Swale (Carr, 2023), along with new sleep studies, including research towards a better understanding of the links between sleep quality and mental health (Kent and Medway Medical School, 2023).

Methods

Procedure

This study made use of in-person surveys carried out between July–August 2025 across community groups, local businesses and high street settings in Medway. The survey questions were developed in collaboration with **Medway Council** and the **University of Kent**. The survey questions used in the study is provided in *Appendix A*. To ensure accessibility, participants were offered the option to decline answering any questions at any part of the survey.

Measures

This study aimed to observe three key measures:

1. The overall quality of sleep that participants self-identify.
2. The length of sleep that participants experience per night.
3. The frequency at which participants wake up feeling refreshed and ready for the day.

Sample Selection

A total of **97** people participated in the study, all of whom were recruited to take part through convenience sampling within high street settings, community groups and local businesses. To ensure the relevance of the sample to the study, participants were required to confirm they were Medway residents before proceeding with completing a survey.

Limitations

Some considerations for this particular study are:

- The sample size and demographic indicators of participants to this study are not proportionally representative of the wider Medway population.
- The method of sampling resulted in a number of people who did not want to share their experiences or who were unavailable to take part in the study.
- The method of sampling also resulted in the acknowledgment that times of day and specific environments were not factored into participant recruitment.
- The data sourced from shift workers did not explicitly confirm whether the sleep they were commenting upon was during the daytime, or at night when not working.
- The responses provided to survey questions are individual's own perceptions and may not align with actual medical need or treatment.

Assessment of Risk of Bias

The methodological quality of this study was evaluated using Cochrane's Risk of Bias Tool (ROBINS-E) for non-randomised studies (see: [Higgins et al., 2024](#)). This tool assesses bias across several domains including: confounding variables, participant selection and missing data. Based on the assessment, the study was adjudged to have a low risk of bias, indicating that while residual confounding cannot be entirely ruled out due to the observational nature of the study, there were minimal concerns regarding bias in the results.

Analysis

A combination of quantitative and thematic analysis was used to interpret participants' responses and categorise them into meaningful topics and themes. This analysis aimed to identify behavioural patterns, experiences and insights within the participant sample that aided towards further understanding the sleep patterns, habits and impacts of Medway residents. To ensure clarity and accuracy throughout the report, responses were systematically grouped into topics and/or themes during the analysis of data.

All participant data was analysed independently of the empirical field research to ensure that observations and interpretations were objectively drawn from the collected responses. Findings are clearly defined and distinctions between self-reported behaviours, perceived experiences and statistical insights are explicitly maintained throughout. To uphold the anonymity of participants, direct quotations have been edited wherever identifiable information was present.

Some percentages presented in this report may not total 100% exactly. This is either due to participants being able to select multiple responses for certain questions, or due to rounding of percentages to the nearest whole number.

Demographics

Participants in our study answered several demographic questions (see: *Appendix B*) providing context, depth and relevance to this study through insights into the characteristics of the participant sample. An overview of key demographic information is provided below:

- **Age:** The largest response was from people aged 45-54 years and 65-74 years (each at **18%**). The smallest response was from people aged 10-17 years (**1%**). The full range of ages is provided in *Figure 1*.

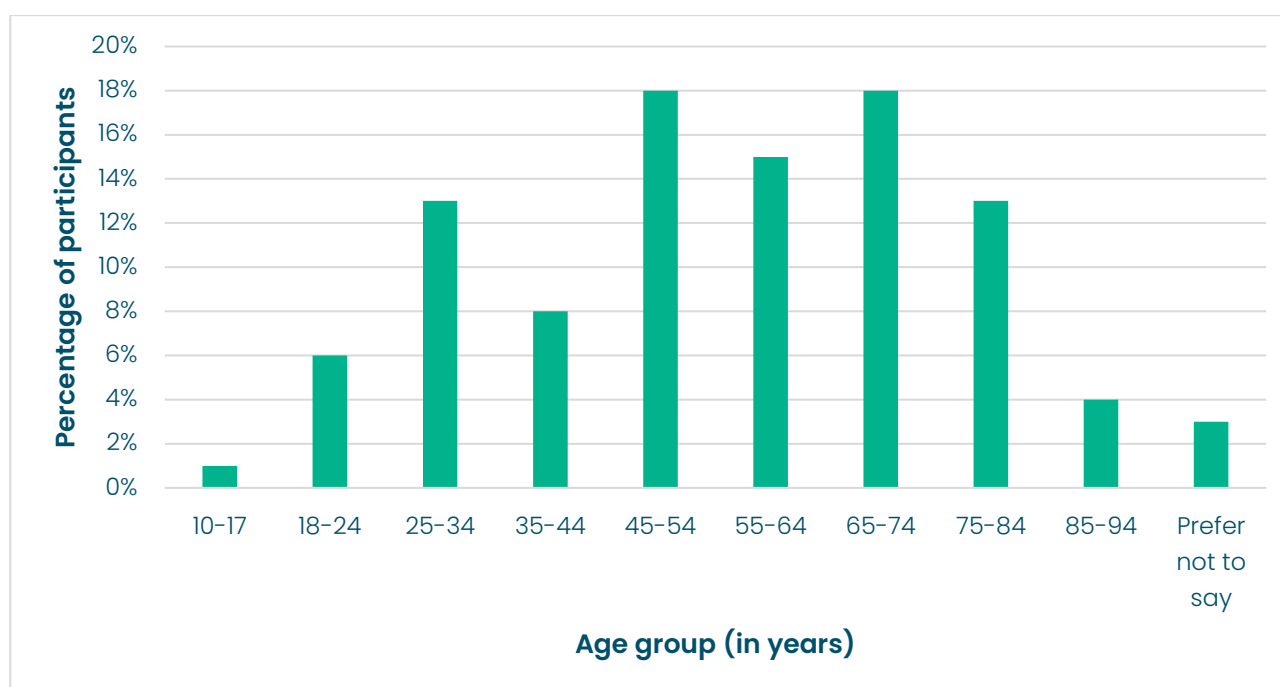


Figure 1: the percentage of participants by age group (in years).

- **Gender:** **67%** of participants were female, **30%** were male and **3%** opted to prefer not to say.
- **Sexual orientation:** **85%** of participants were heterosexual/straight, **3%** were gay or lesbian, **3%** were bisexual, **1%** were pansexual, **1%** preferred to self-describe (self-described as transgender) and **7%** opted to prefer not to say.
- **Disabilities:** **18%** of participants told us they were disabled and **82%** told us they were not disabled.
- **Mental health issues:** **27%** of participants told us they had mental health issues and **73%** told us they did not have mental health issues.
- **Long-term health conditions:** **38%** of participants told us they had a long-term health condition and **62%** told us they did not have a long-term health condition.

- **Neurodiversity:** 16% of participants told us they were neurodiverse and 84% told us they were neurotypical.
- **Financial status:** The largest response was from people who told us that they never struggle to pay for basic necessities (63%). The smallest response was from people who told us that they often struggle to pay for basic necessities (4%). The full range of financial status responses is provided in *Figure 2*.

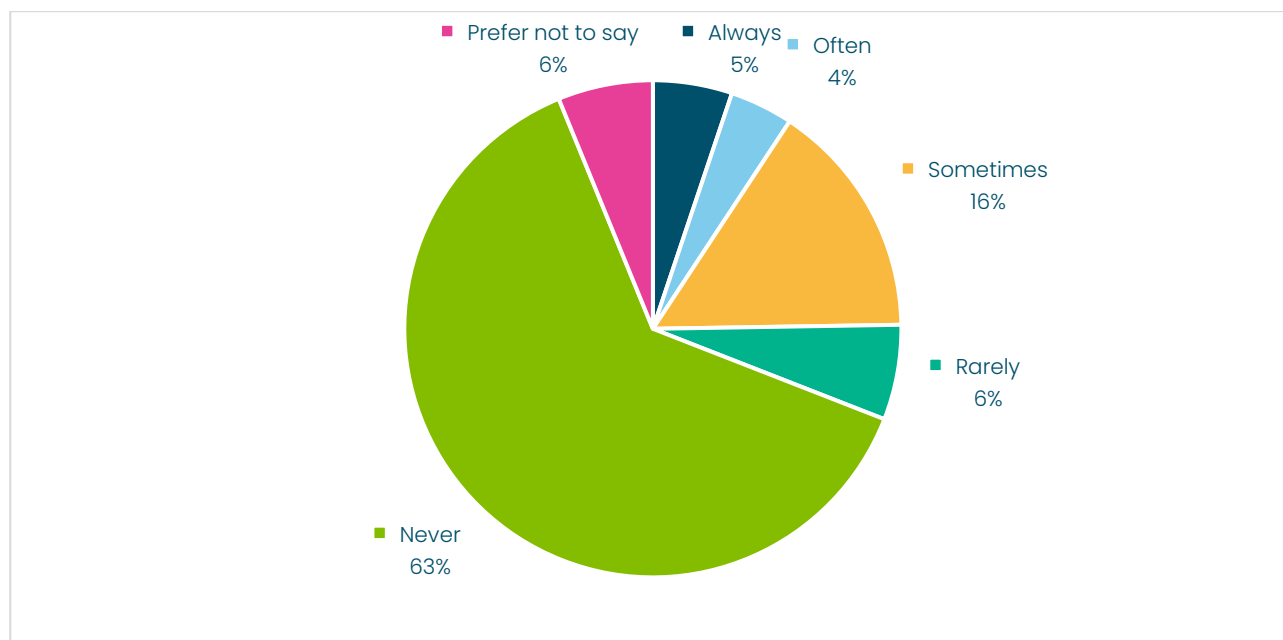


Figure 2: the percentage of participants by responses to "In the past six months have you struggled to pay for basic necessities?".

- **Location:** The largest response was from people living in Gillingham (23%). The smallest response was from people living in Allhallows, Chattenden, Cliffe, Cuxton and Isle of Grain (each at 1%). The full range of locations is provided in *Figure 3*.

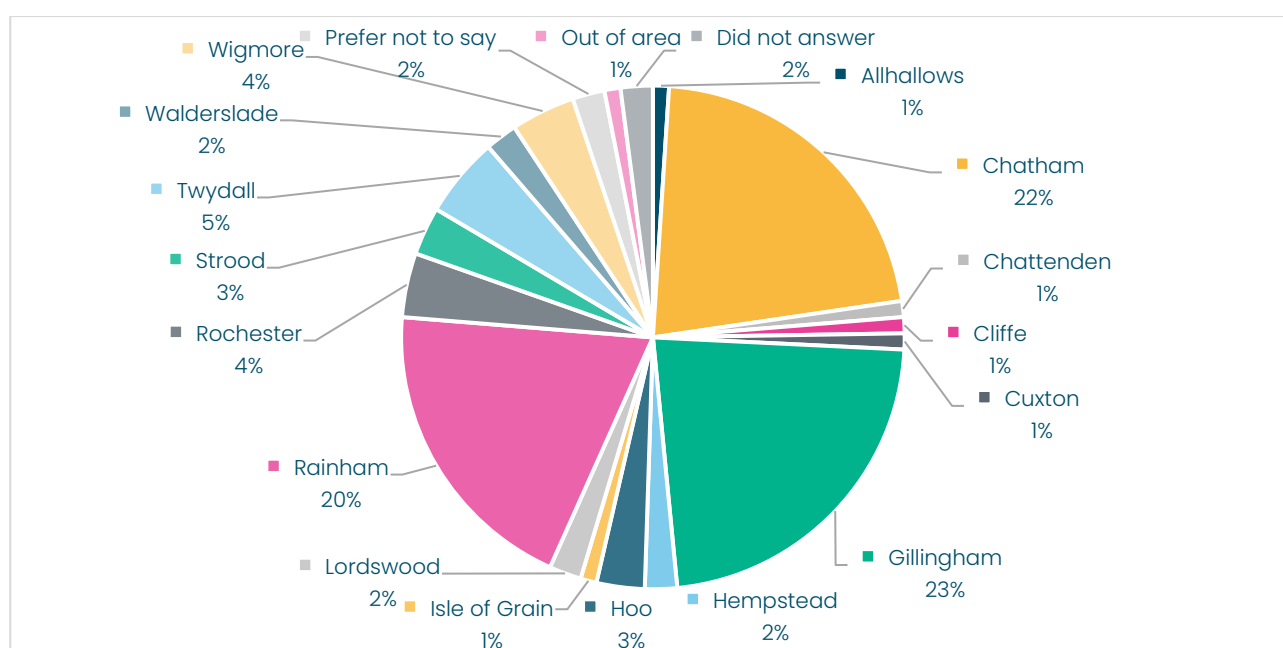


Figure 3: the percentage of participants by location.

- **Overall deprivation status:** 66 participants (**68%**) provided us with their postcode information. Of these participants, **67%** were from areas of higher overall deprivation and **33%** were from areas of lower overall deprivation. The full range of deprivation status is provided in [Table 1](#).

Overall deprivation	LSOA deprivation level	Participant Sample (68%)		
Higher overall deprivation	10% most deprived	21%	37%	67%
	20%	16%		
	30%	16%	27%	
	40%	11%		
	50%	3%	9%	
Lower overall deprivation	50%	6%		14%
	40%	11%		
	30%	3%		
	20%	8%	13%	
	10% least deprived	5%		

Table 1: the percentage of participants by overall deprivation level.

- **Urban/rural status:** 66 participants provided us with their postcode information. Of these participants, 61 were from urban areas (**92%**) and 5 were from rural areas (**8%**). The full range of urban/rural status is provided in [Table 2](#).

Overall deprivation	LSOA deprivation level	Urban (92%)			Rural (8%)		
Higher overall deprivation	10% most deprived	21%	37%	62%	0	0	5%
	20%	16%			0		
	30%	13%	22%		3%	5%	
	40%	9%			<2%		
	50%	3%	7%		0	<2%	
Lower overall deprivation	50%	5%		30%	<2%		3%
	40%	11%	14%		0	0	
	30%	3%			0		
	20%	6%	11%		<2%	<2%	
	10% least deprived	5%			0		

Table 2: the percentage of participants by urban/rural location and overall deprivation level.

- **English as a first language:** **89%** of participants told us that English was their first language, **9%** told us that a different language was their first language (these included Bengali, Bulgarian, French, Kurdish, Nepalese, Tamil and Yoruba) and **2%** opted to prefer not to say.
- **Carer status:** **20%** of participants told us they were carers, **75%** told us they were not carers and **5%** opted to prefer not to say.

- **Ethnicity:** The largest response was from people who identified as White British (**72%**). The smallest response was from people who identified as Bangladeshi, Gypsy or Irish Traveller, Indian, Nepalese and Sri Lankan (each at **1%**). The full range of ethnicities is provided in *Figure 4*.

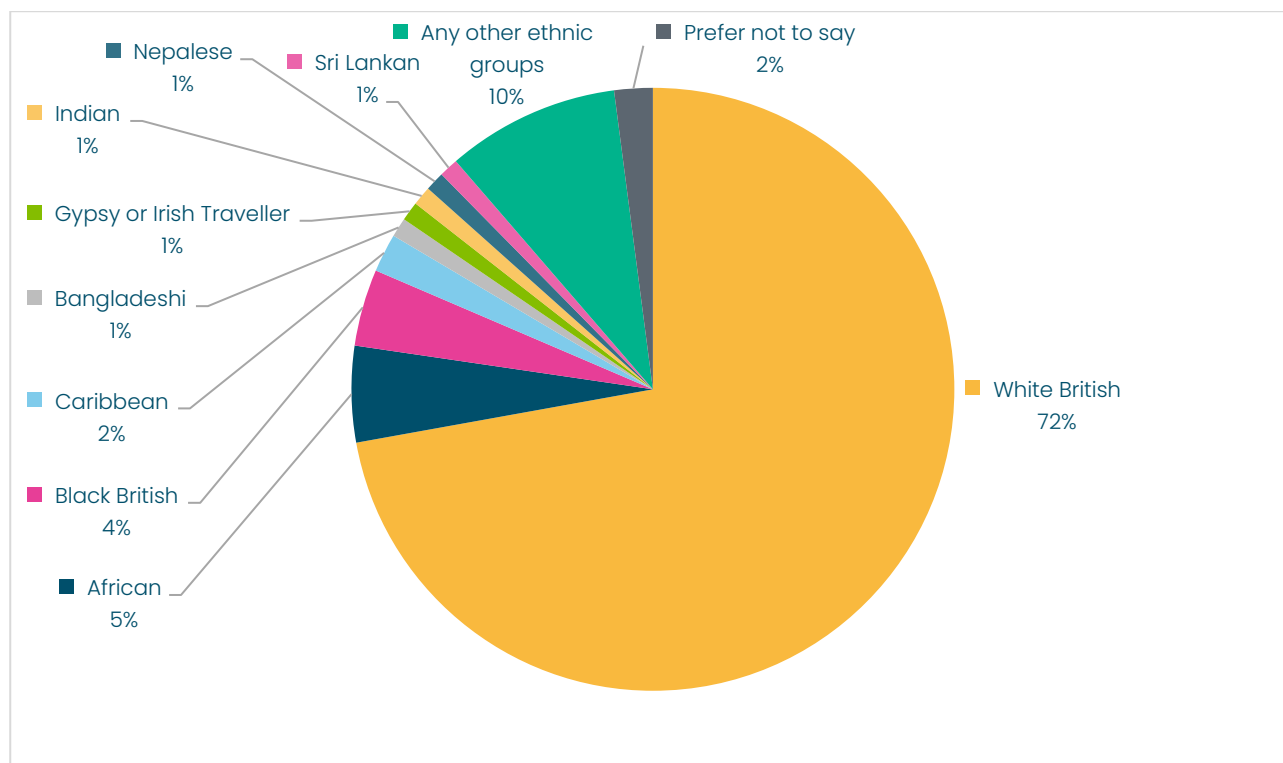


Figure 4: the percentage of participants by ethnicity.

- **Religion:** The largest response was from people who identified as Christian (**47%**). The smallest response was from people who identified as Buddhist and Hindu (each at **1%**). The full range of religions is provided in *Figure 5*.

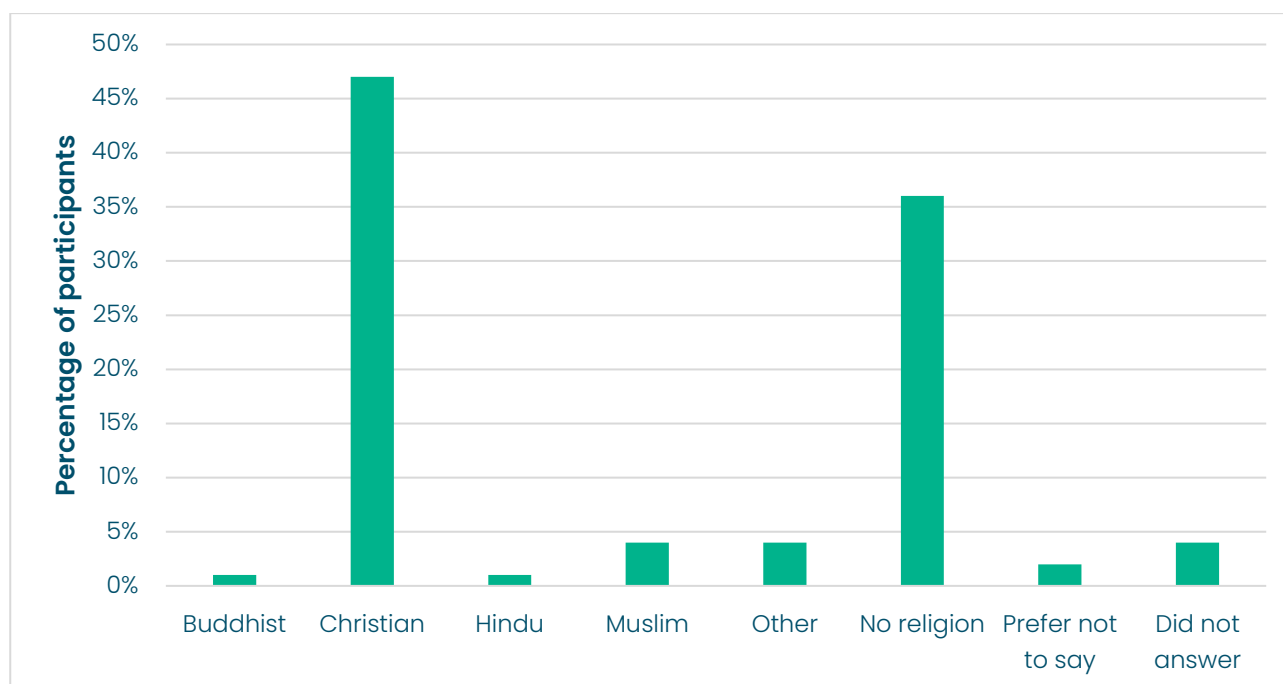


Figure 5: the percentage of participants by religion.

- **Employment status:** The largest response was from people who told us they were retired (**39%**). The smallest response was from people who told us they were students (**3%**). The full range of employment status is provided in *Figure 6*.

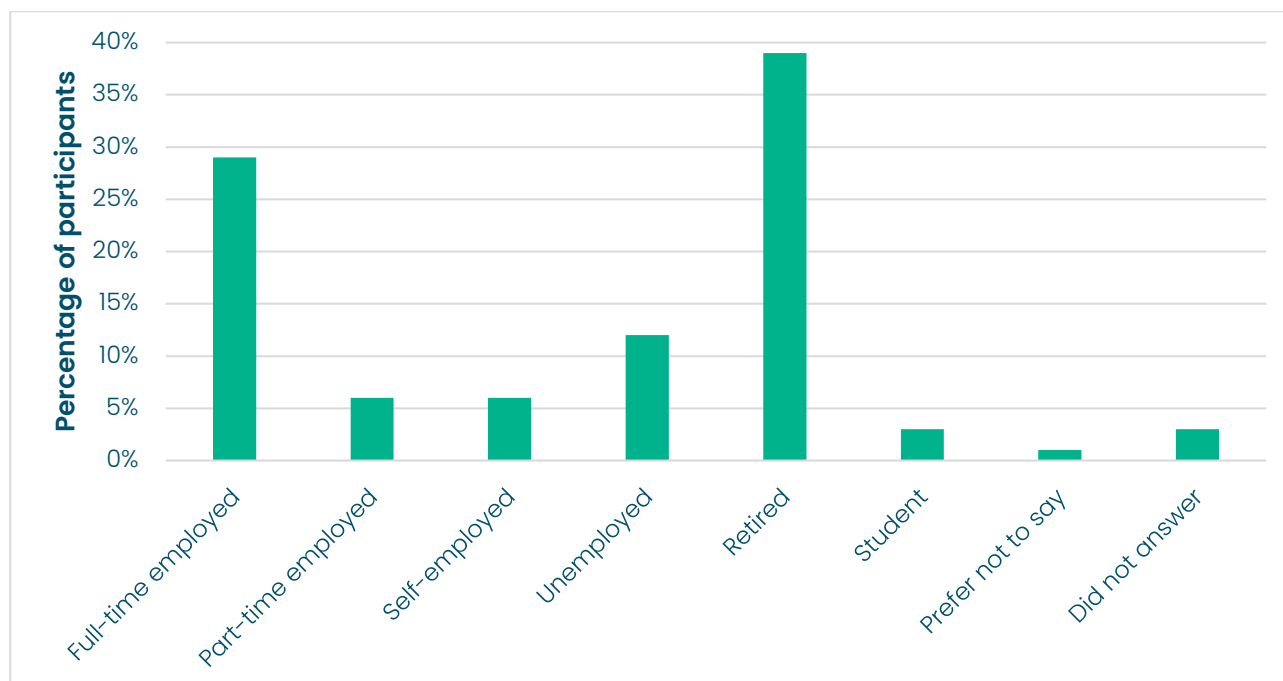


Figure 6: the percentage of participants by employment status.

- **Education level:** The largest response was from people who told us their highest level of qualification was GCSE (or equivalent) (**33%**). The smallest response was from people who told us their highest level of qualification was Level 4 (or equivalent) and Doctorate (or equivalent) (each at **1%**). The full range of highest level of qualification is provided in *Figure 7*.

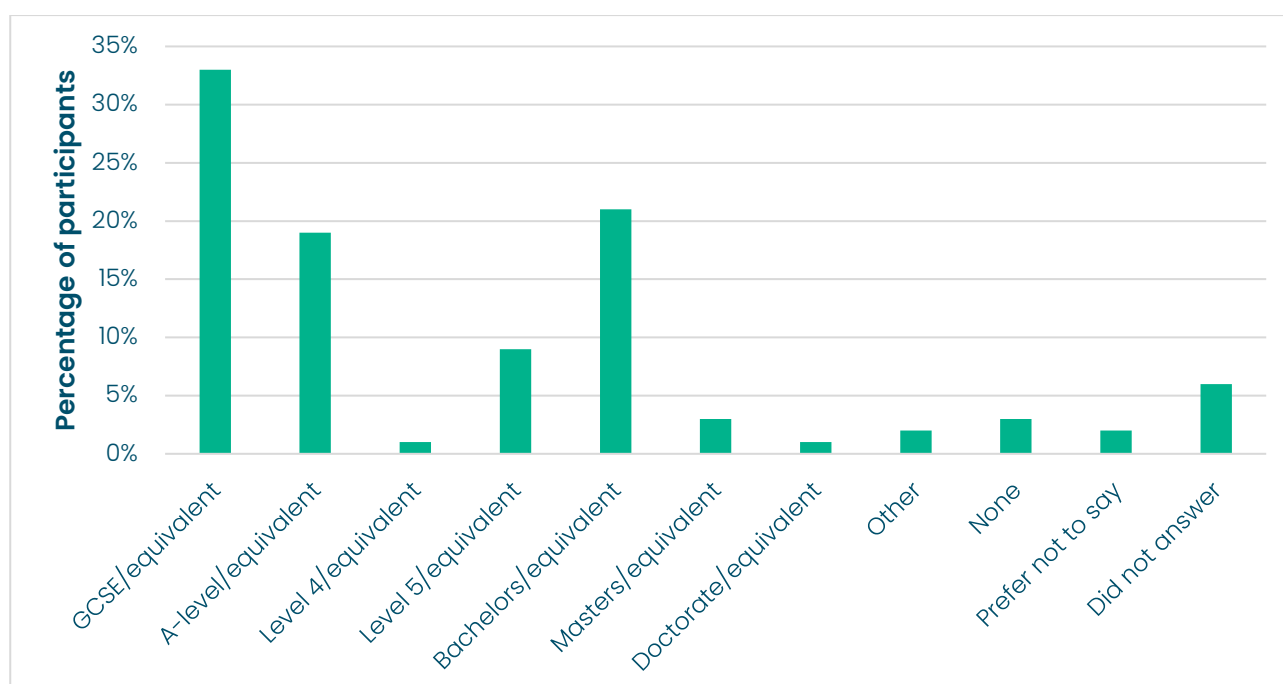


Figure 7: the percentage of participants by highest level of qualification.

- **Refugee, asylum seeker and migrant status:** **6%** of participants told us they were refugees, asylum seekers or migrants, **91%** told us they were not refugees, asylum seekers or migrants and **3%** opted to prefer not to say.
- **Homelessness status:** **3%** of participants told us they were currently homeless, **3%** told us they were at risk of becoming homeless in the near future, **90%** told us they were not homeless and **4%** opted to prefer not to say.

Findings

Participants were asked how they would rate the overall quality of their own sleep, with the option to choose from five options on a scale ranging from very good to very poor. The majority of participants responded with poor (**32%**). Those that chose good or very good accounted for **28%** of all participants. Those that chose poor or very poor accounted for **41%** of all participants. And **31%** of participants chose fair for the overall quality of their sleep. Responses are illustrated in *Figure 8*.

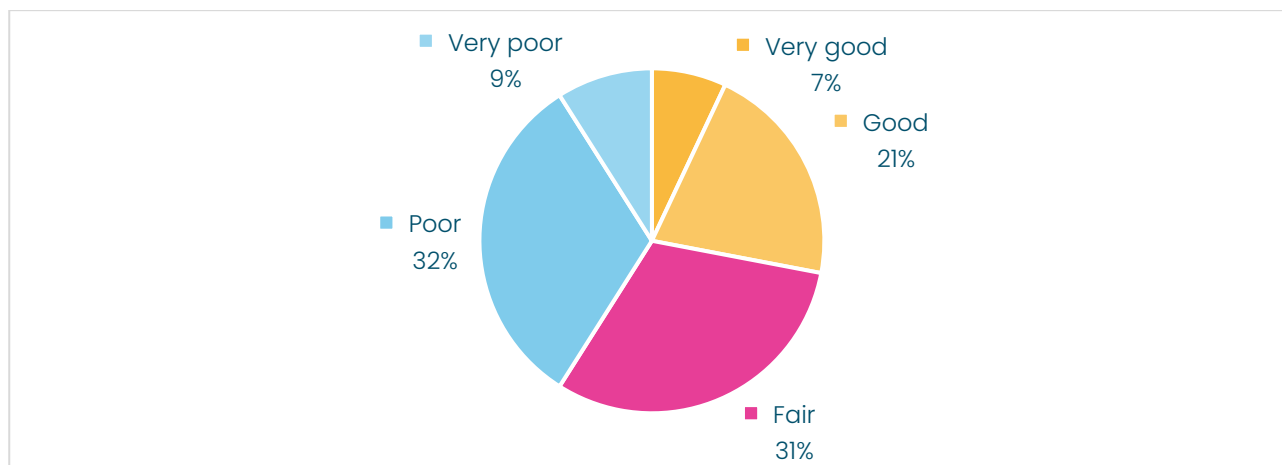


Figure 8: the percentage of participants by overall quality of sleep.

Participants were asked how many hours of sleep they thought they should be getting per night. The majority of participants responded with 7-8 hours as the necessary amount of sleep (**54%**). **4%** thought that more than 10 hours was necessary, while **1%** of participants responding that less than 5 hours was adequate per night. The full range of responses is provided in *Figure 9*.

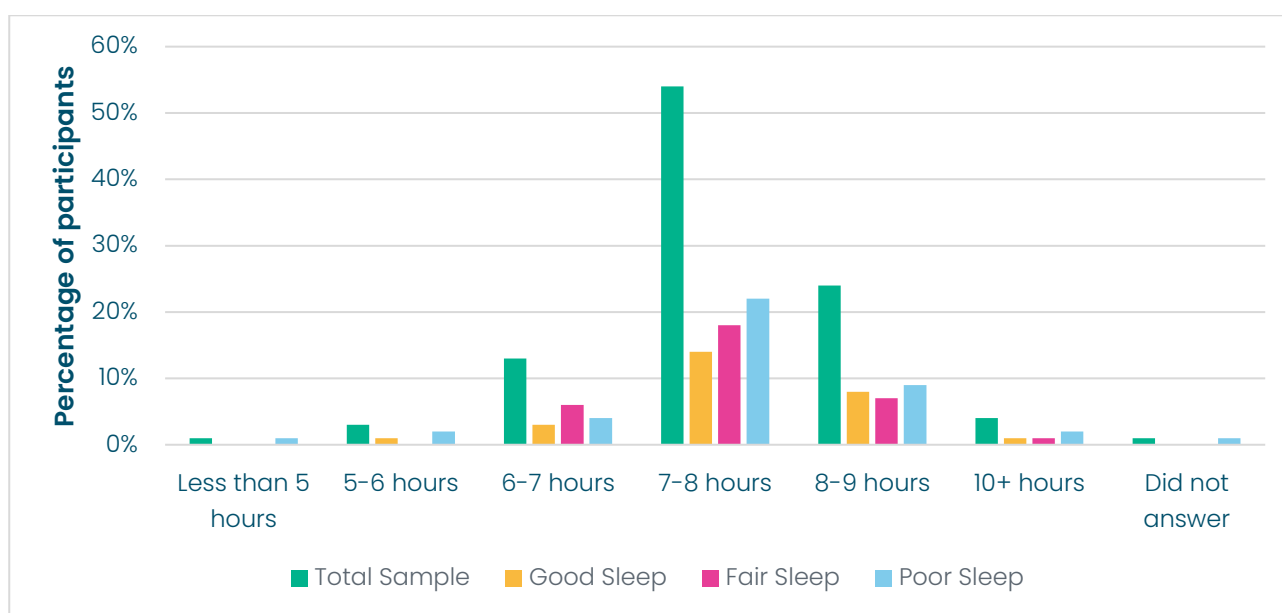


Figure 9: the percentage of participants by hours of sleep thought should be had per night, split by overall quality of sleep responses.

Participants were also asked how many hours of sleep they actually get per night. The majority of participants responded with 5–6 hours (**28%**). **2%** were getting more than 10 hours per night and **24%** were getting less than 5 hours of sleep per night. Participants that reported a poor/very poor quality of sleep displayed a negative correlation with hours of sleep per night, whereas participants that reported a good/very good quality of sleep displayed a positive correlation with hours of sleep per night. The full range of responses is provided in *Figure 10*.

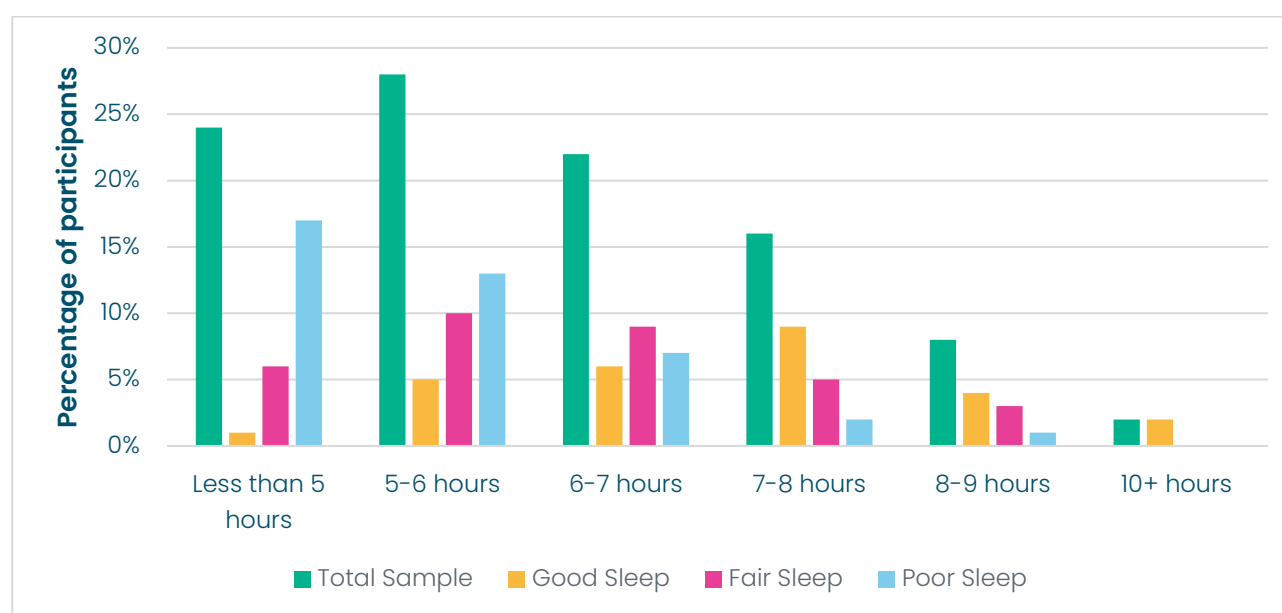


Figure 10: the percentage of participants by actual hours of sleep had per night, split by overall quality of sleep responses.

32% of participants reported the number of hours sleep they get per night as being the same as or more than the number of hours they thought should be had per night, leaving **68%** of participants getting less hours of sleep per night than the number of hours they think is necessary to be had.

Next, participants were asked how often they wake up feeling refreshed and ready for the day. The majority of participants responded that they “never” wake up feeling refreshed and ready for the day (**25%**). This was predominantly reported by participants that reported a poor/very poor quality of sleep. Participants that reported a poor/very poor quality of sleep displayed a negative correlation with frequency of waking up feeling refreshed and ready for the day, whereas participants that reported a good/very good quality of sleep displayed a positive correlation with frequency of waking up feeling refreshed and ready for the day. The full range of responses is provided in *Figure 11*.

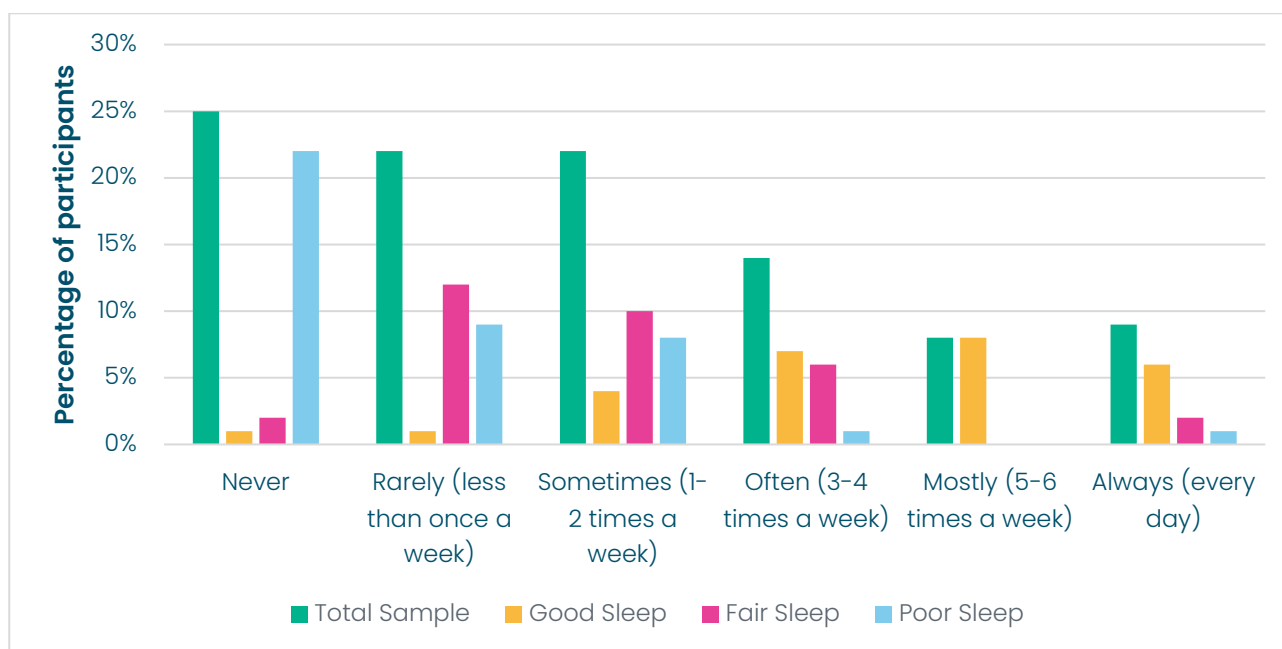


Figure 11: the percentage of participants by frequency of waking up feeling refreshed and ready for the day, split by overall quality of sleep responses.

Participants were asked what they think defines a good quality night's sleep. Responses were categorised during analysis into six categories, with the majority of participants reporting that "undisturbed/unbroken sleep" defines a good quality night's sleep (76%). The full range of categories is provided in Figure 12.

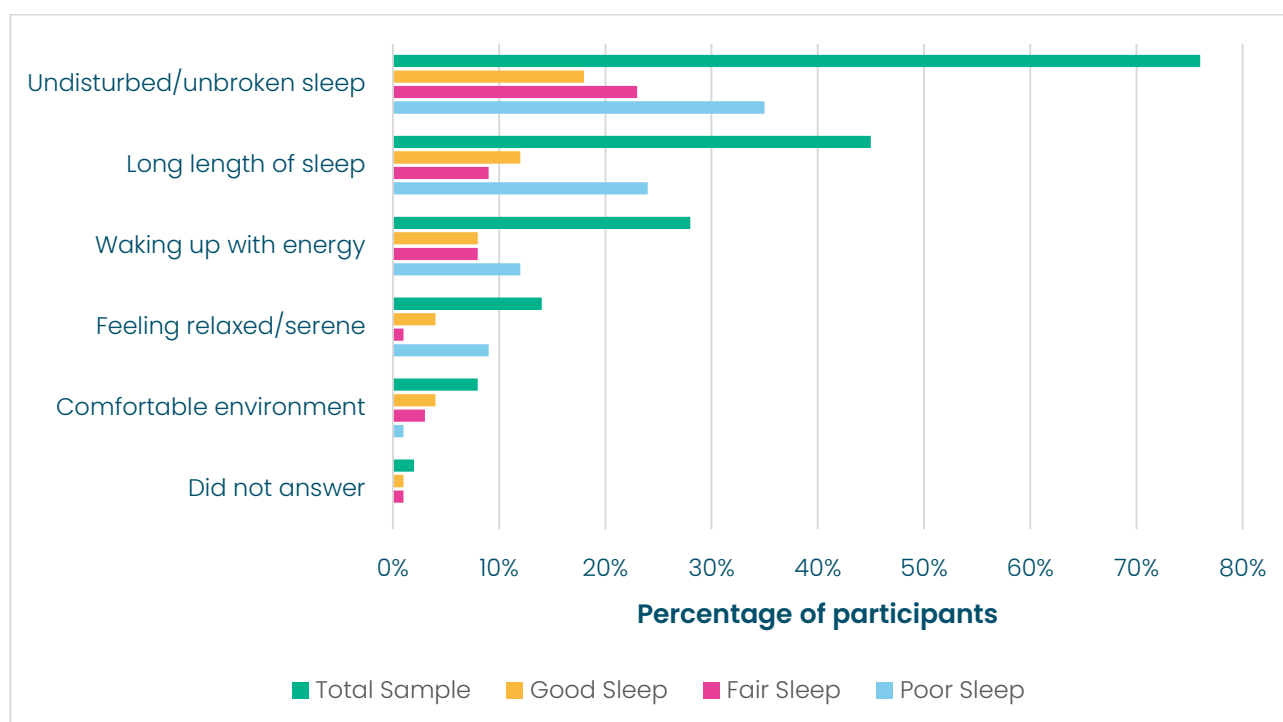


Figure 12: the percentage of participants by categorised responses to the question "Thinking in general, what do you consider to be a good quality night's sleep?", split by overall quality of sleep responses.

Example responses that contributed towards the categorisation of each topic are provided in Figure 13.

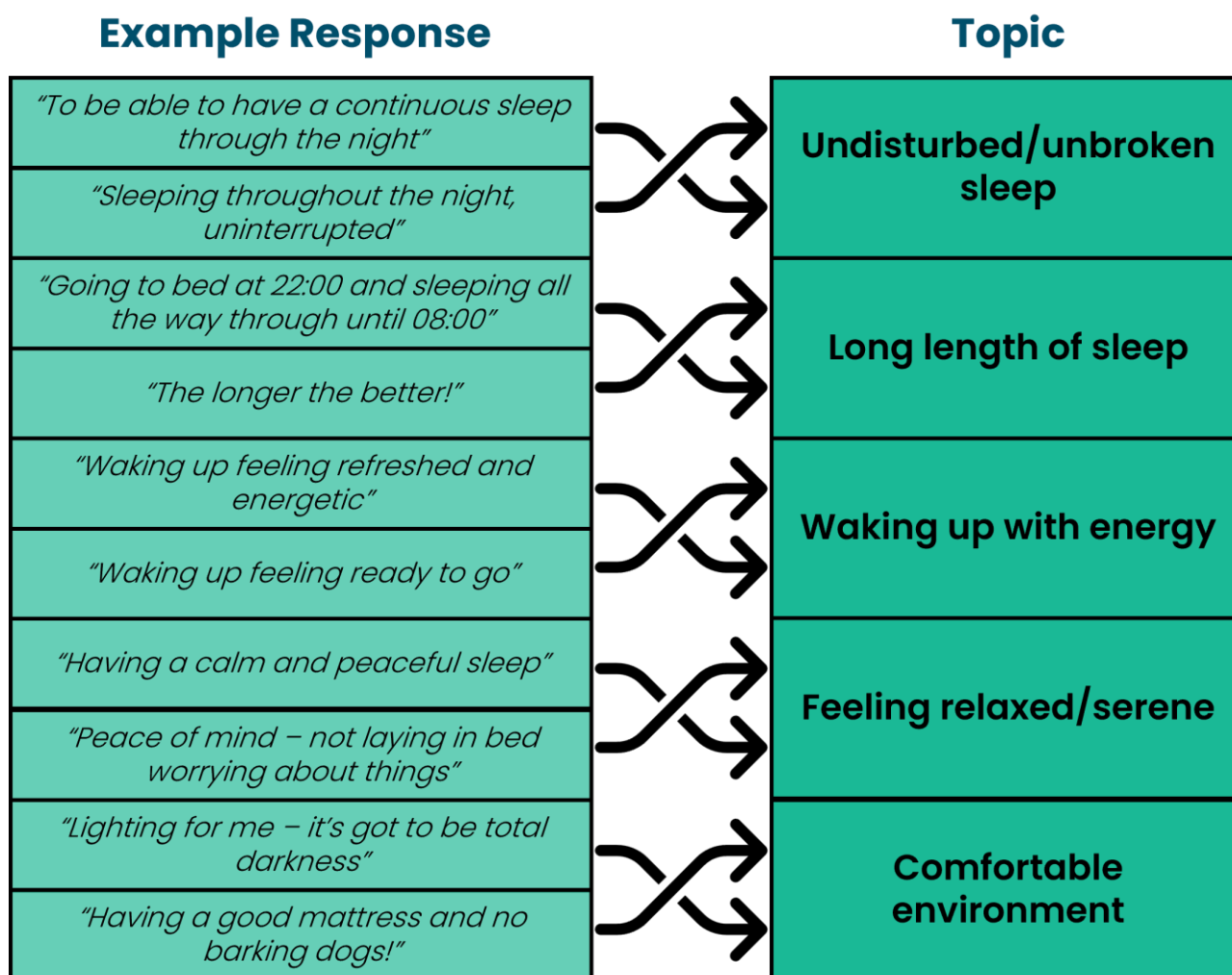


Figure 13: the topics synthesised from responses to the question "Thinking in general, what do you consider to be a good quality night's sleep?"

Next, participants were asked what steps that had already taken to try and improve their sleep. A list of 12 options was provided to select from, with an additional option to provide "other" choices and an option to select "none of the above". The majority of participants selected that they had attempted to change diet/reducing caffeine/alcohol (49%). The full range of responses is provided in Figure 14.

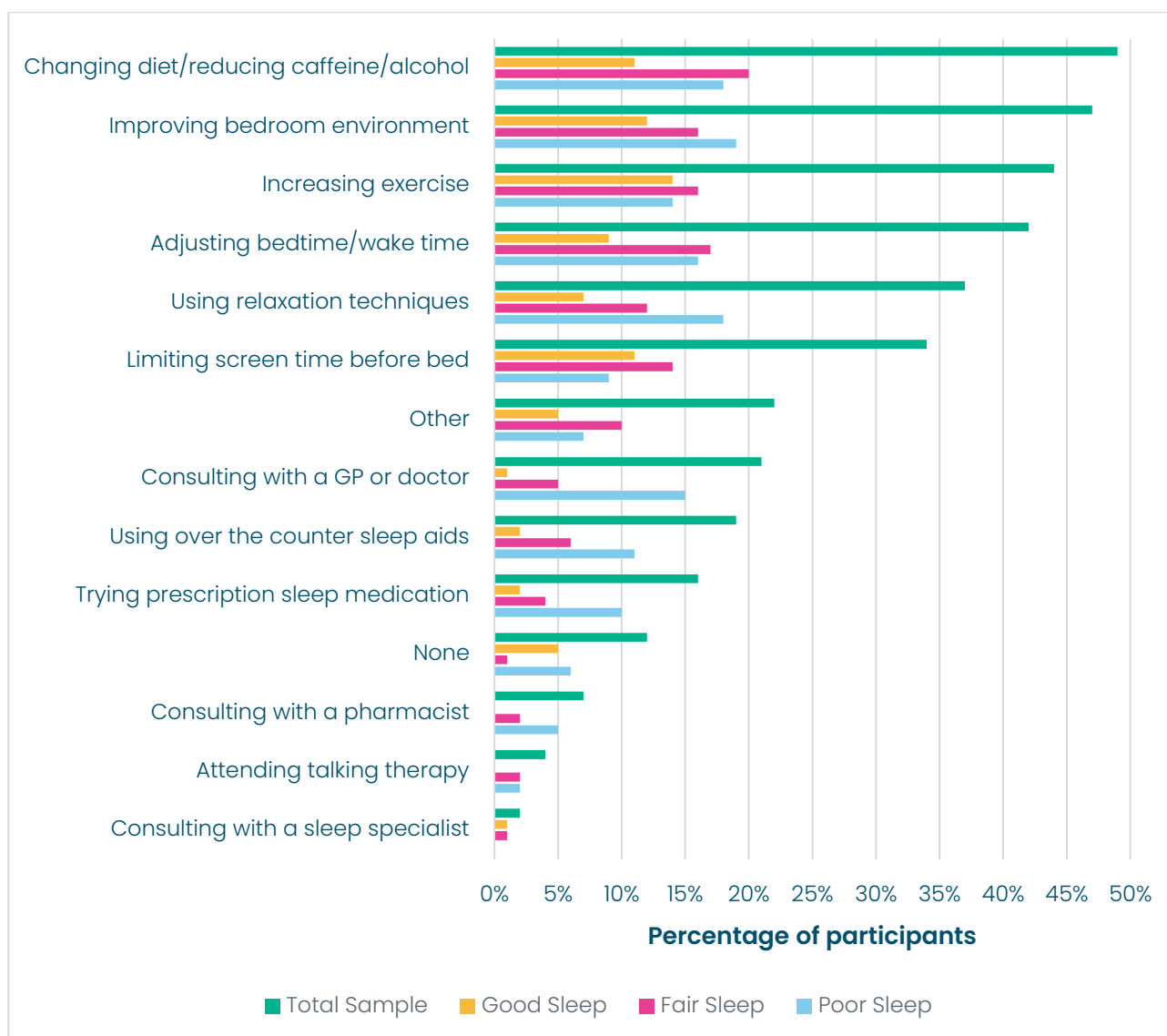


Figure 14: the percentage of participants by responses to the question "What steps have you already taken to try and improve your sleep?", split by overall quality of sleep responses.

14% of participants reported currently taking prescribed or over the counter medication for their sleep, whilst **13%** also told us they currently take herbal supplements or vitamins specifically to try to improve their sleep.

Following this, participants were asked what further steps they would be willing to take to improve their sleep quality. Responses were categorised during analysis into 11 categories, with the majority of participants responding that they were "unsure what could be done" or that "nothing" could be done (each at **27%**). The full range of categories is provided in *Figure 15*.

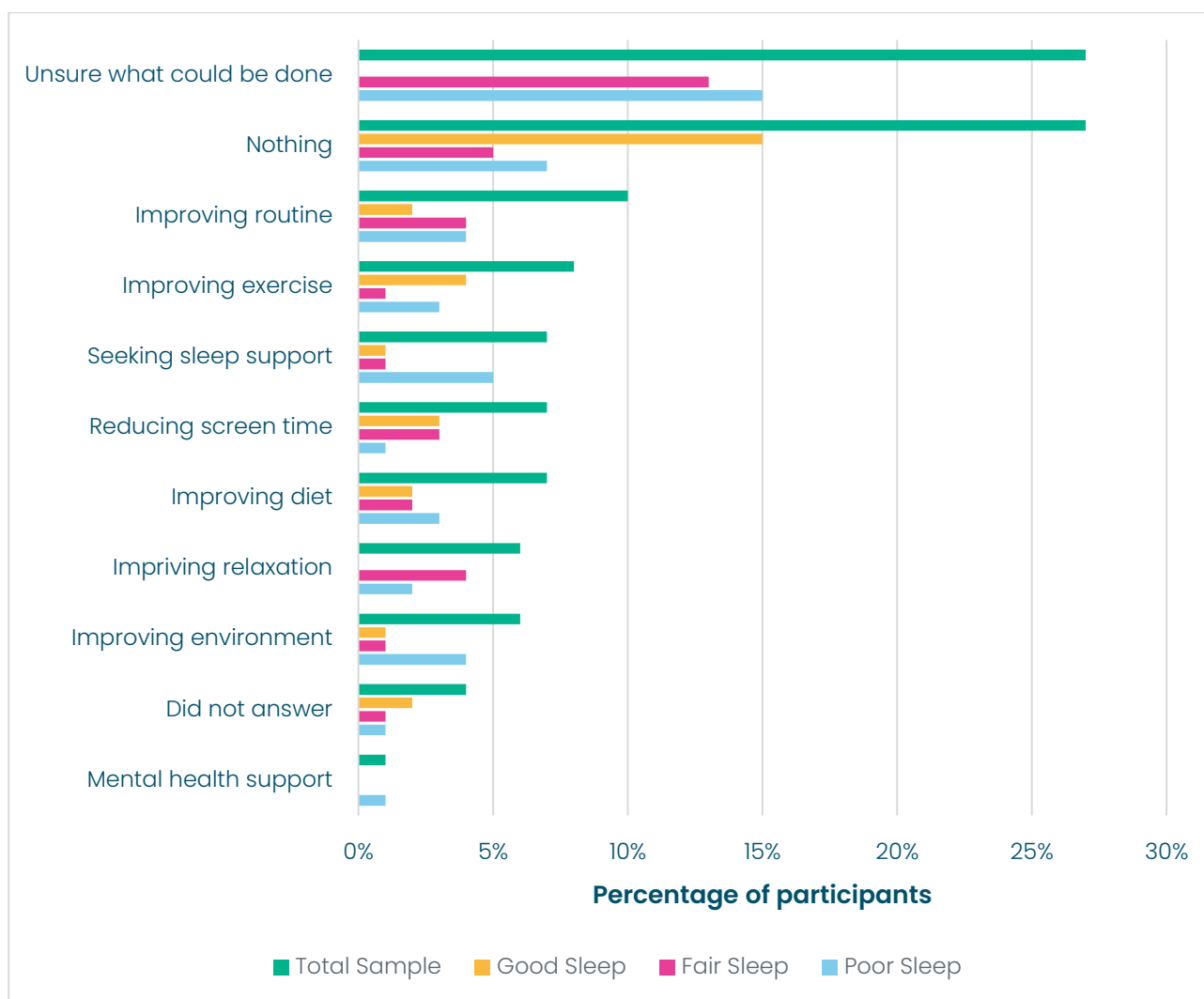


Figure 15: the percentage of participants by categorised responses to the question "What steps would you be willing to take to improve your sleep quality?", split by overall quality of sleep responses.

Example responses that contributed towards the categorisation of each topic are provided in *Figure 16*.

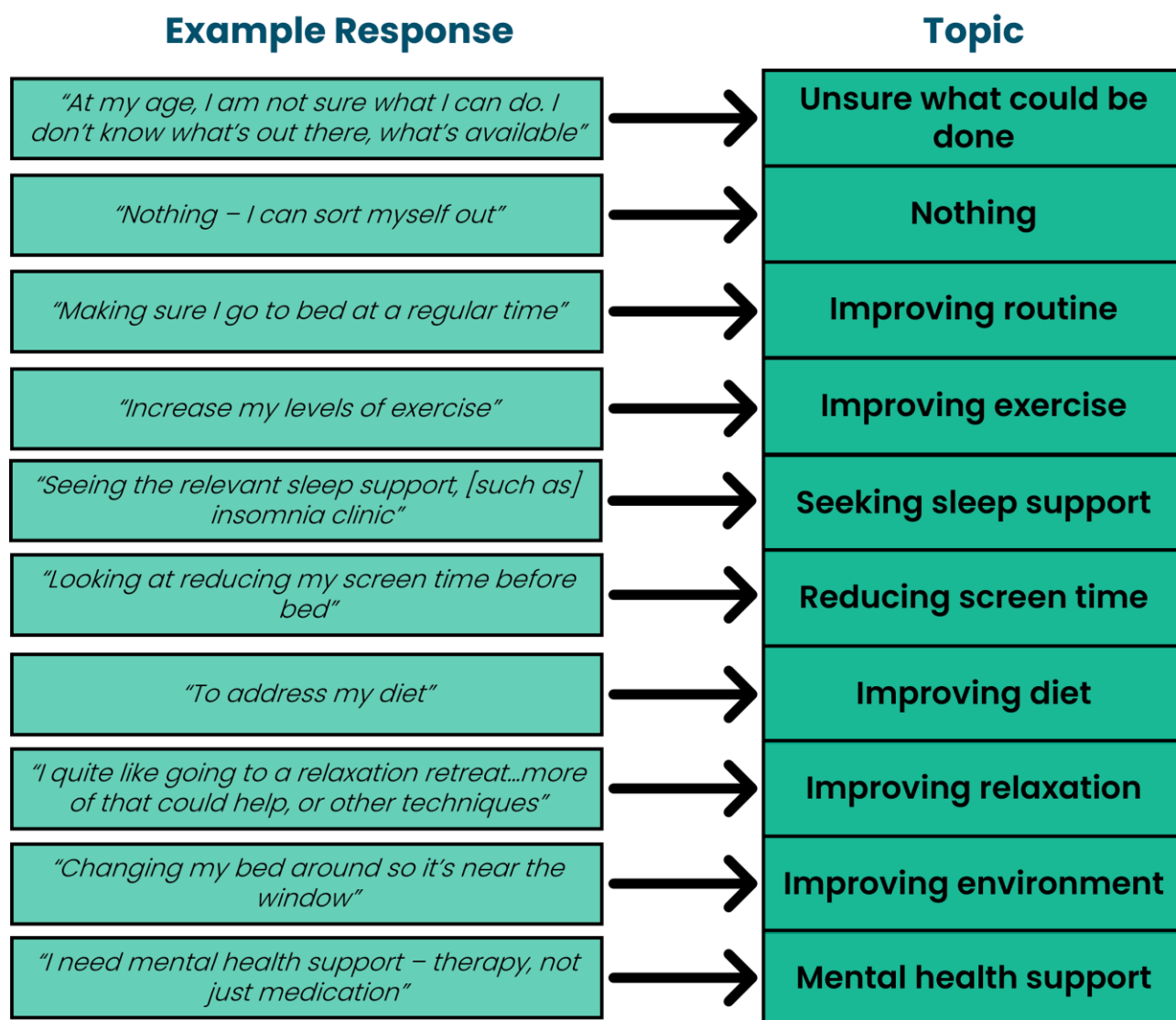


Figure 16: the topics synthesised from responses to the question "What steps would you be willing to take to improve your sleep quality?"

Good Sleep

28% of participants reported they have a good or very good overall quality of sleep. When asked what they consider a good quality night's sleep to be, the majority of participants provided responses that were categorised into "undisturbed/unbroken sleep" (**78%**). Four categories were produced from responses in total, and the full range is provided in *Figure 17*.

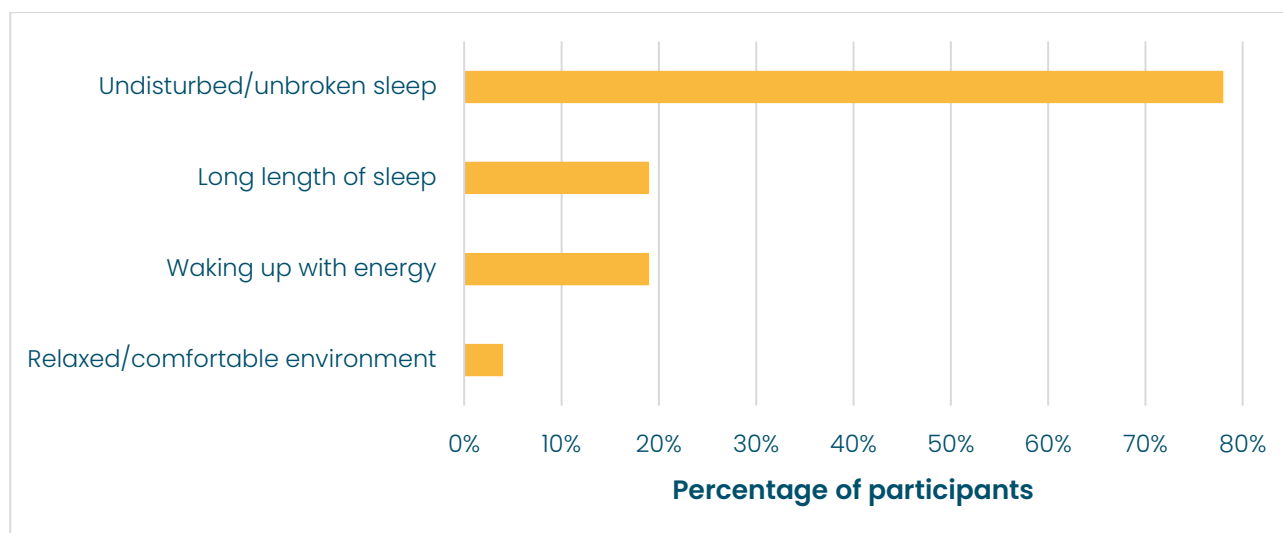


Figure 17: the percentage of participants by categorised responses to the question "What do you consider to be a good quality night's sleep for you?"

Example responses that contributed towards the categorisation of each topic are provided in *Figure 18*.

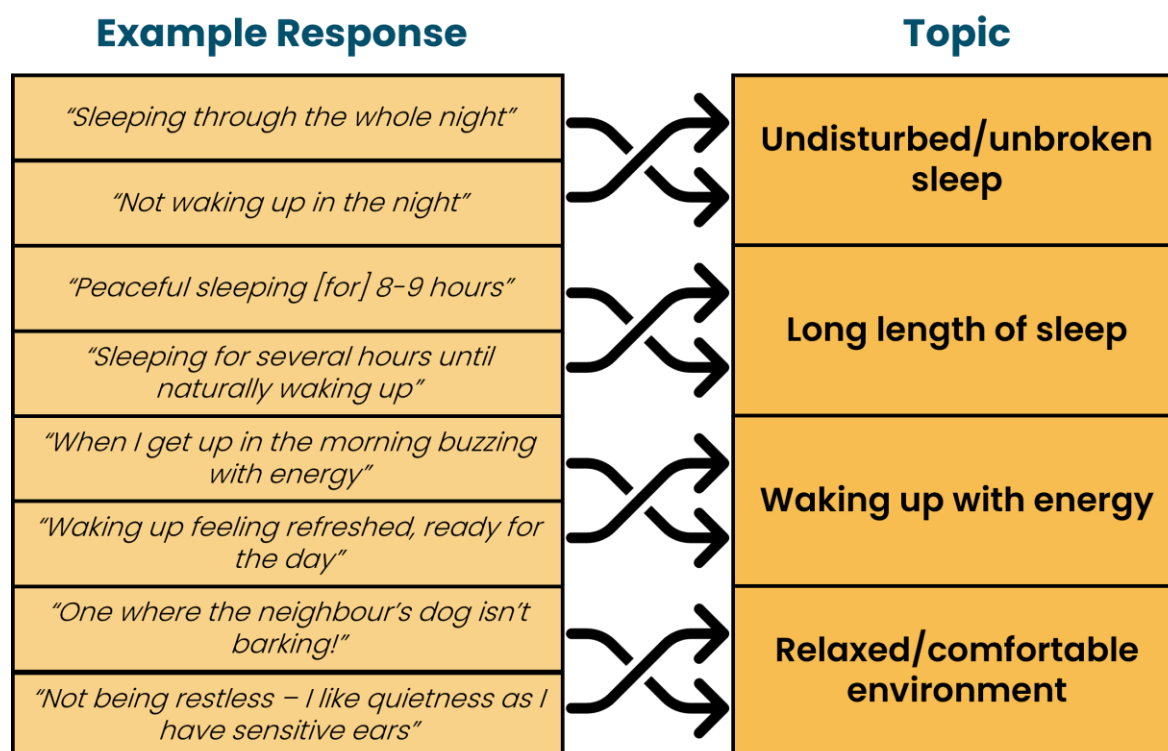


Figure 18: the topics synthesised from responses to the question "What do you consider to be a good quality night's sleep for you?"

Participants were also asked what helps them to maintain a good quality sleep. Prompts were provided in the question, including routine, exercise, diet and avoiding screens. Responses were categorised during analysis into ten categories, with the majority of participants reporting that “routine” helps to maintain good sleep (**41%**). The full range of categories is provided in *Figure 19*.

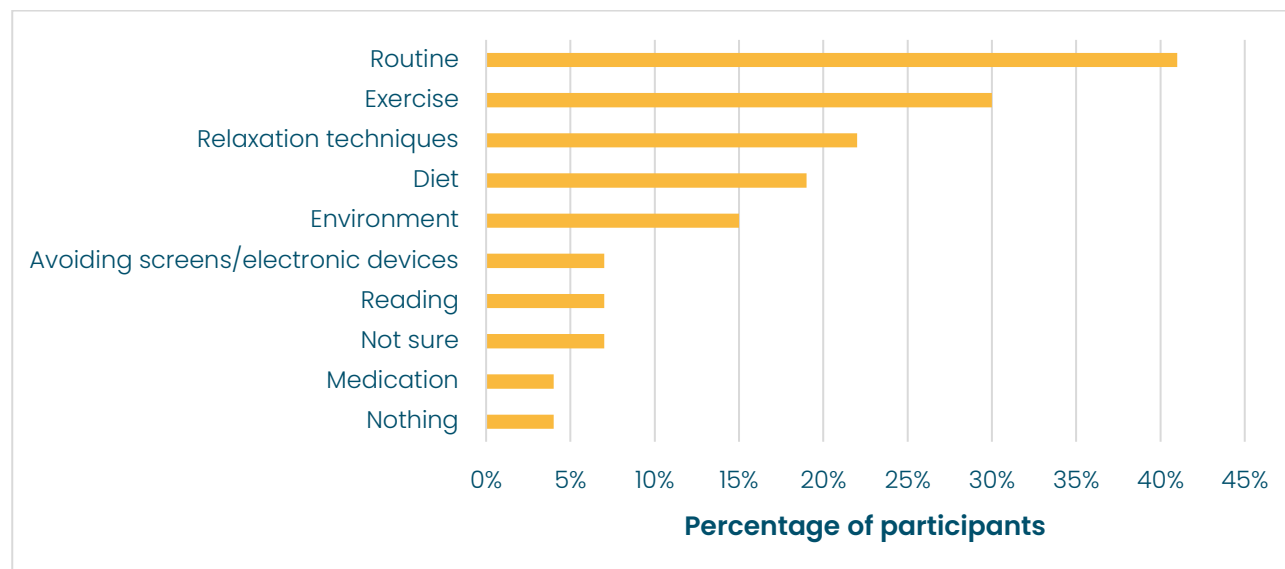


Figure 19: the percentage of participants by categorised responses to the question “What helps you maintain good quality sleep?”

Example responses that contributed towards the categorisation of each topic are provided in *Figure 20*.

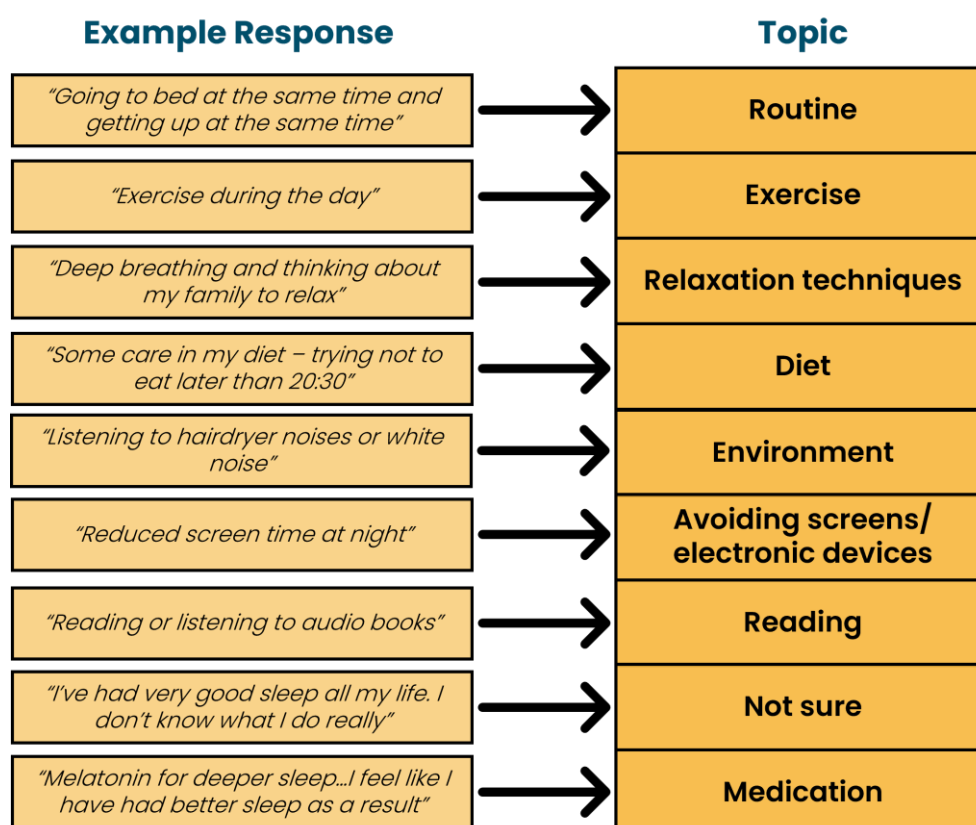
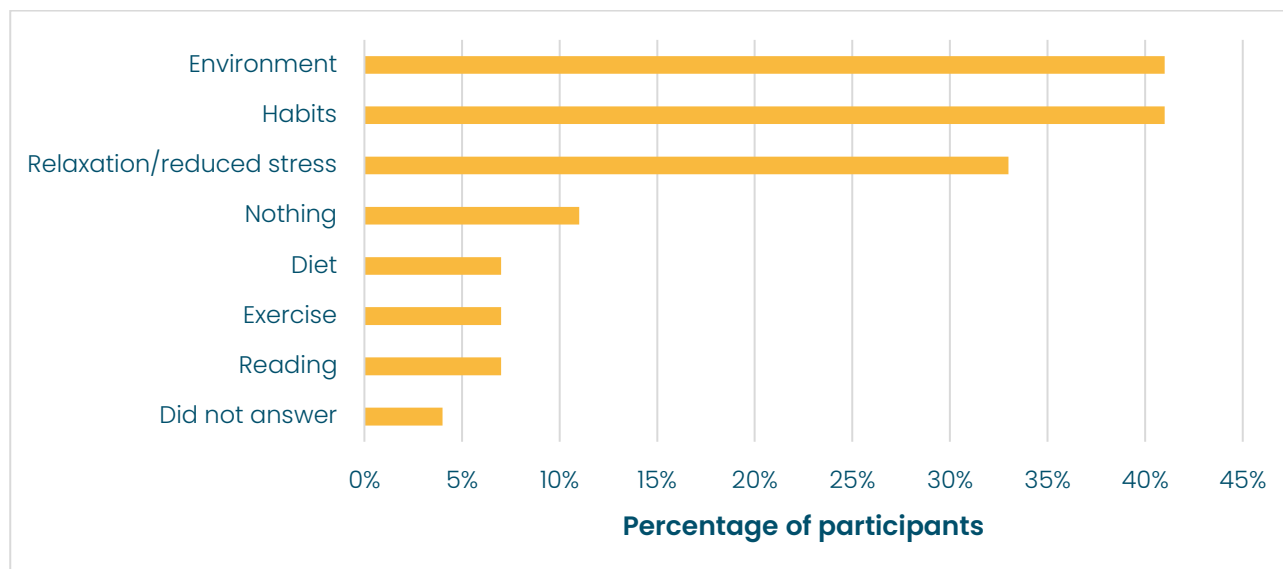


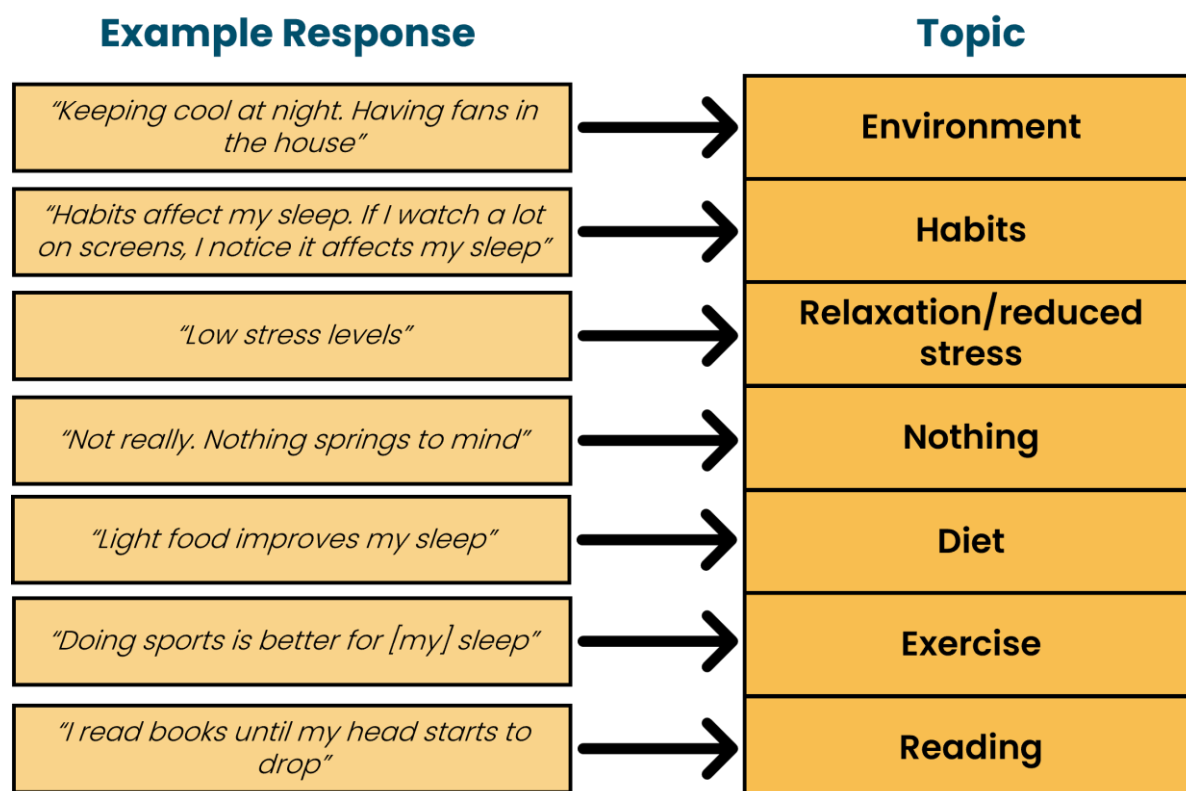
Figure 20: the topics synthesised from responses to the question “What helps you maintain good quality sleep?”

Participants were asked whether they have noticed anything that positively affects their sleep. Prompts were provided in the question, including environment, stress levels and habits. Responses were categorised during analysis into eight categories, with the majority of participants reporting that “environment” and “habits” positively affects their sleep (each at **41%**). The full range of categories is provided in [Figure 21](#).



[Figure 21](#): the percentage of participants by categorised responses to the question “Have you noticed anything that positively affects your sleep?”

Example responses that contributed towards the categorisation of each topic are provided in [Figure 22](#).



[Figure 22](#): the topics synthesised from responses to the question “Have you noticed anything that positively affects your sleep?”

Poor Sleep

41% of participants reported they have a poor or very poor overall quality of sleep. When asked what they consider to be poor sleep, the majority of participants provided responses that were categorised into “disturbed/broken sleep” (**90%**). Five categories were produced from responses in total, and the full range is provided in *Figure 23*.

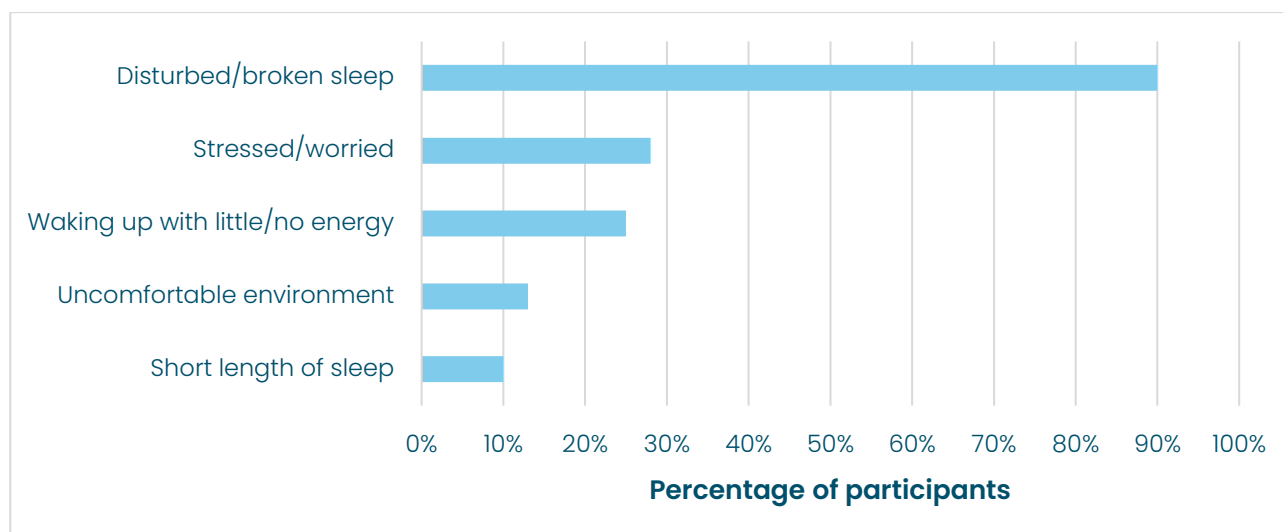


Figure 23: the percentage of participants by categorised responses to the question “What do you consider to be poor sleep?”

Example responses that contributed towards the categorisation of each topic are provided in *Figure 24*.

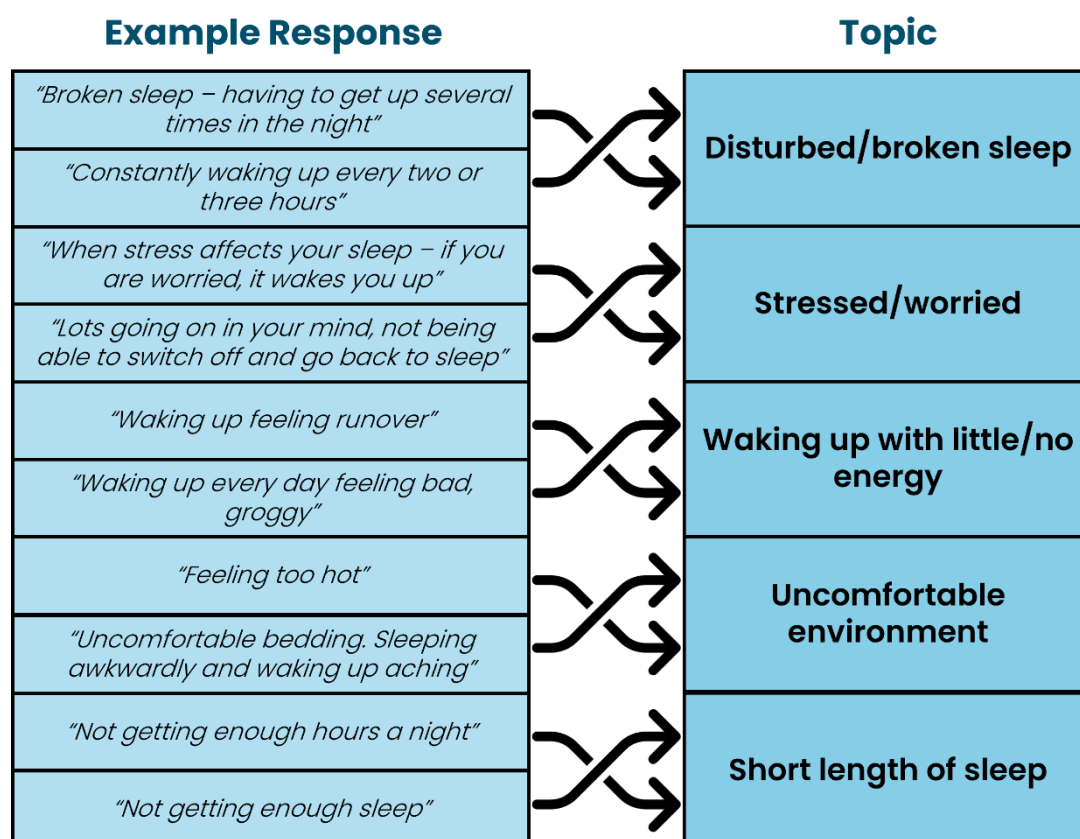


Figure 24: the topics synthesised from responses to the question “What do you consider to be poor sleep?”

Participants were also asked what age they were when they started to experience poor sleep. Responses were grouped during analysis into eight age bands, with the majority of participants reporting they were 11–20 years old when they began to have poor sleep (**35%**). The full range of age bands is provided in *Figure 25*.

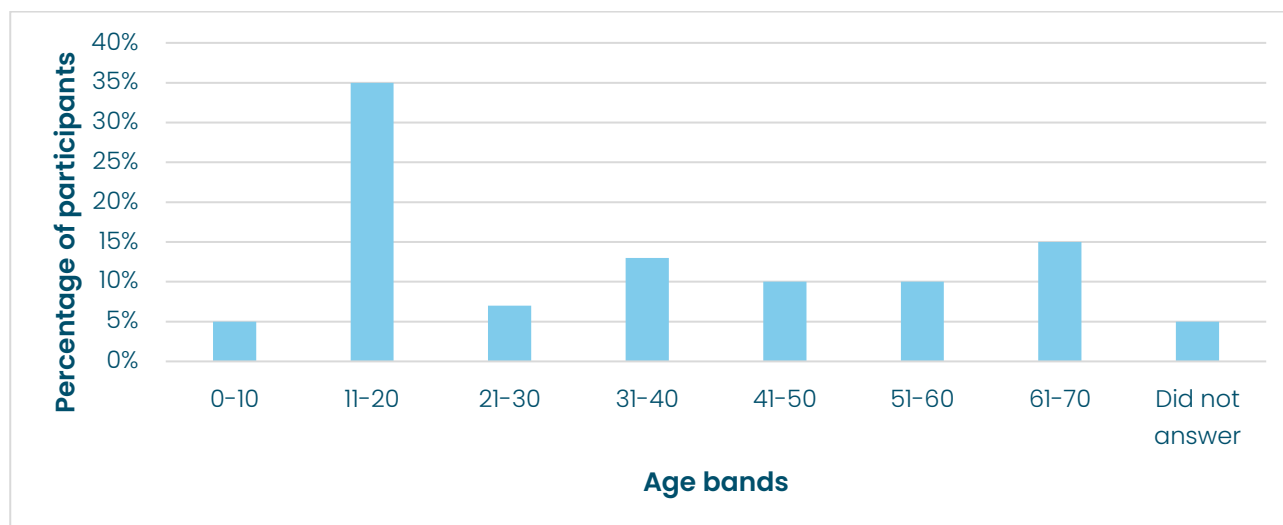


Figure 25: the percentage of participants by age when poor sleep first started.

Participants were asked if there were any specific life events or changes that occurred around the time that sleep difficulties began or worsened. Prompts were provided in the question, including job change, stress, illness, new family responsibilities, shift work, moving house and bereavement. Responses were categorised during analysis into 14 categories, with the majority of participants reporting that “stress/anxiety/trauma” was the specific event or change that caused sleep to worsen (**33%**). The full range of categories is provided in *Figure 26*.

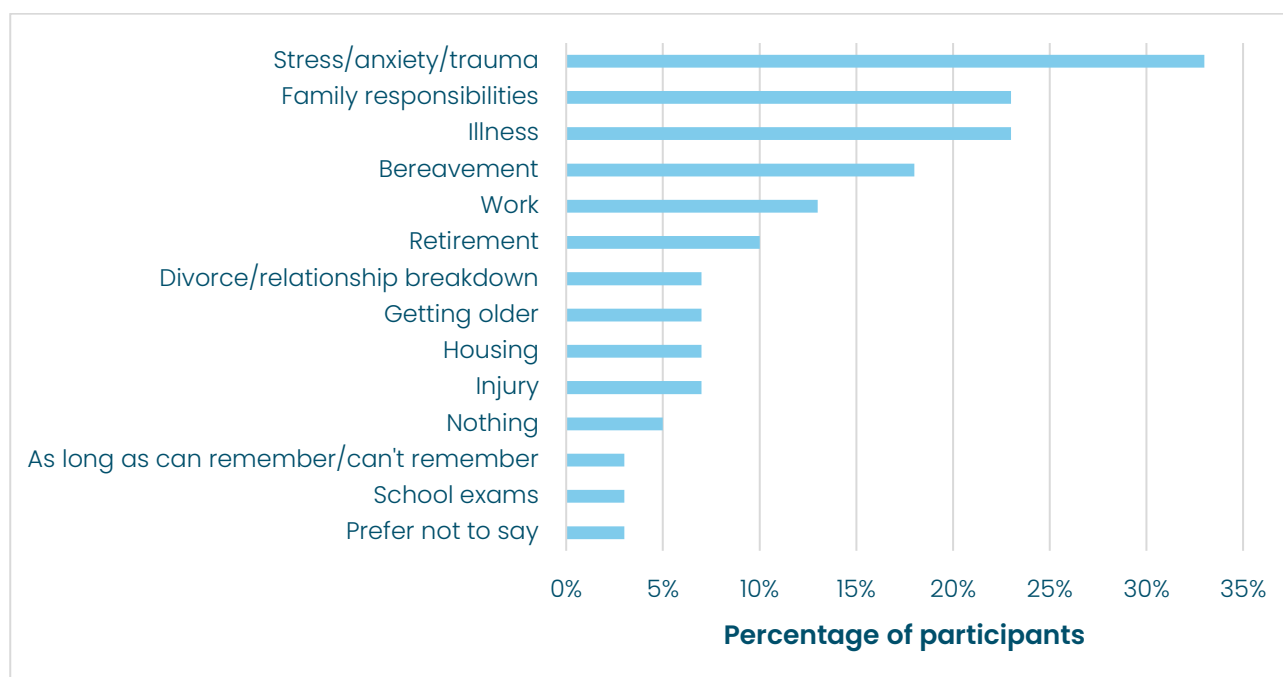
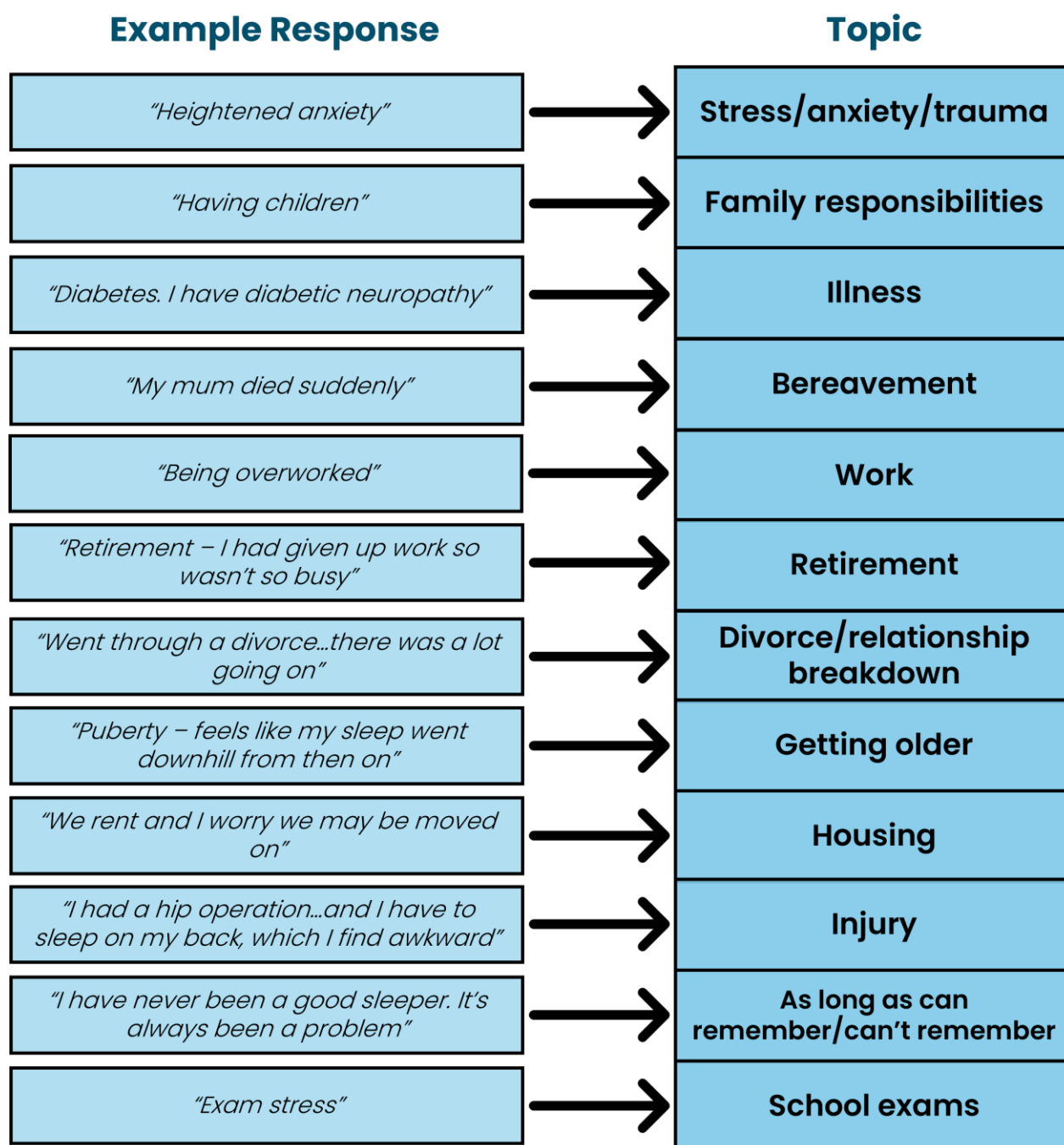


Figure 26: the percentage of participants by categorised responses to the question “Were there any specific life events or changes that occurred around the time your sleep difficulties began or worsened?”

Example responses that contributed towards the categorisation of each topic are provided in [Figure 27](#).



[Figure 27](#): the topics synthesised from responses to the question "Were there any specific life events or changes that occurred around the time your sleep difficulties began or worsened?"

Participants were also asked what impact poor sleep has on their daily life. Prompts were provided in the question, including mood, concentration, productivity and health. Responses were categorised during analysis into eight categories, with the majority of participants reporting that "lethargy/exhaustion" was the most common impact of poor sleep on daily life (**58%**). The full range of categories is provided in [Figure 28](#).

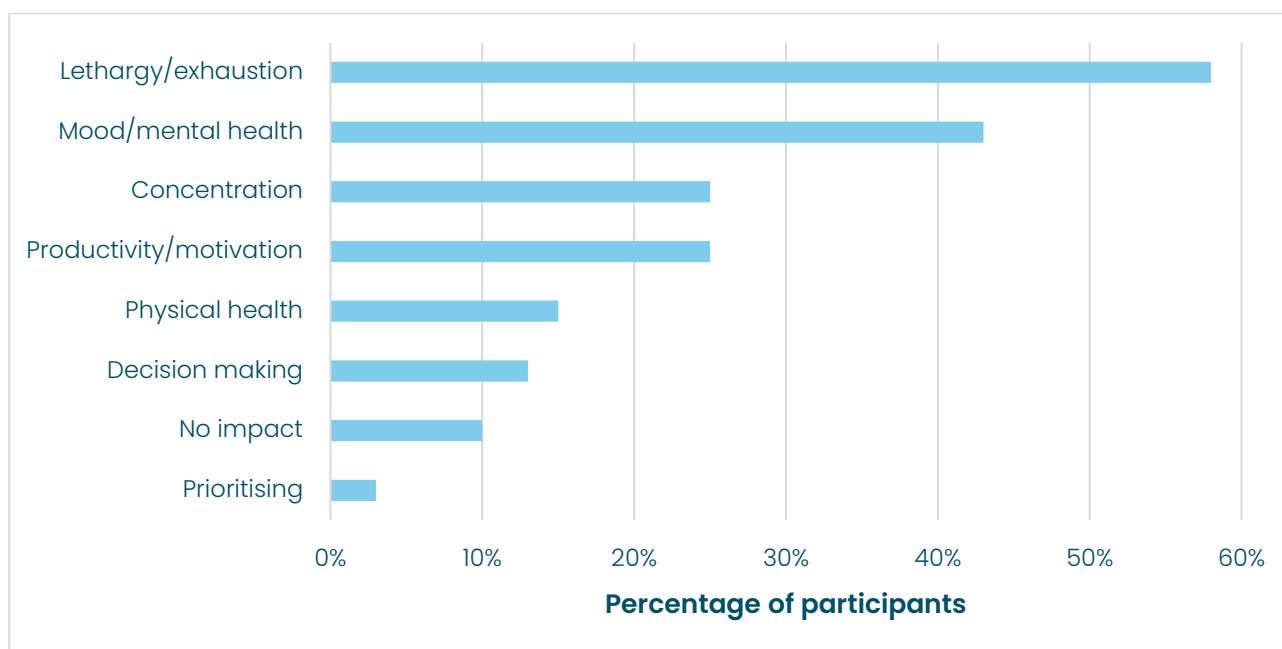


Figure 28: the percentage of participants by categorised responses to the question "What impact does poor sleep have on your daily life?"

Example responses that contributed towards the categorisation of each topic are provided in Figure 29.

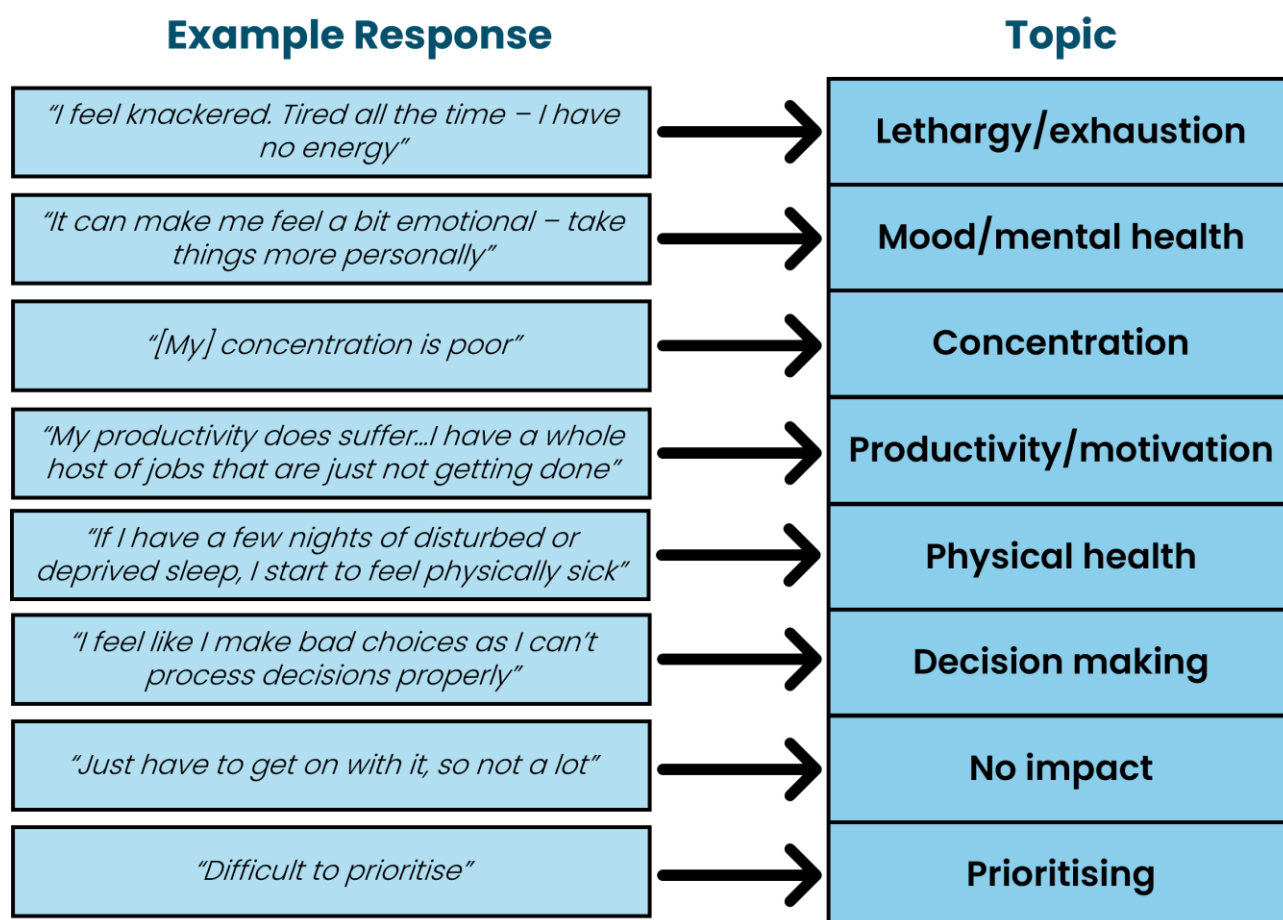


Figure 29: the topics synthesised from responses to the question "What impact does poor sleep have on your daily life?"

Fair Sleep

31% of participants reported they have a fair overall quality of sleep. Those who answered “fair” were asked each of the questions associated with good overall quality of sleep and poor overall quality of sleep. As such, topics were categorised from responses in the same way as in the previous sections.

When asked what they consider a good quality night sleep to be, the majority of participants provided responses that were categorised into “undisturbed/unbroken sleep” (**80%**). Five categories were produced from responses in total, and the full range is provided in *Figure 30*.

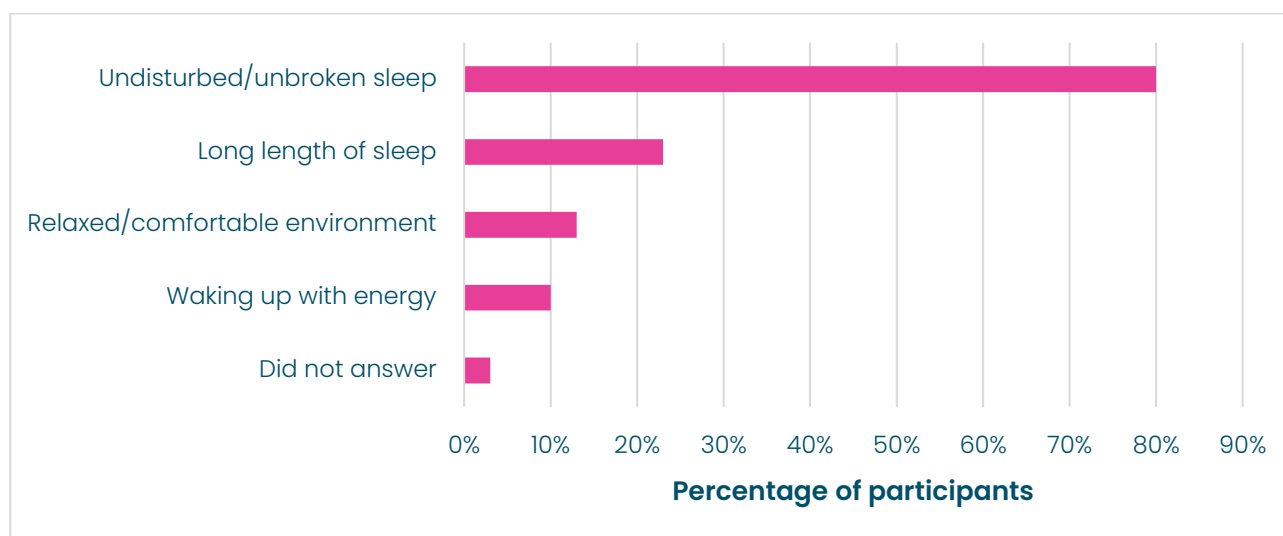


Figure 30: the percentage of participants by categorised responses to the question "What do you consider to be a good quality night's sleep for you?"

Participants were also asked what helps them to maintain a good quality sleep. Prompts were provided in the question, including routine, exercise, diet and avoiding screens. Responses were categorised during analysis into 11 categories, with the majority of participants reporting that “routine” helps to maintain good sleep (**27%**). The full range of categories is provided in *Figure 31*.

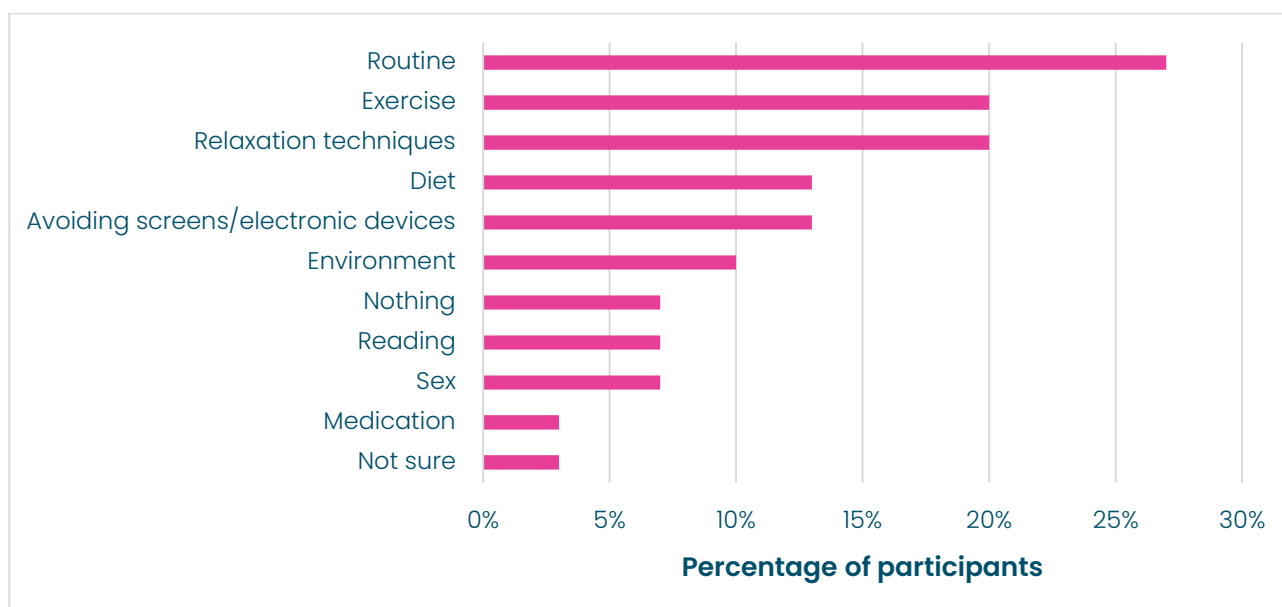


Figure 31: the percentage of participants by categorised responses to the question "What helps you maintain good quality sleep?"

Participants were asked whether they have noticed anything that positively affects their sleep. Prompts were provided in the question, including environment, stress levels and habits. Responses were categorised during analysis into nine categories, with the majority of participants reporting that "relaxation/reduced stress" positively affects their sleep (**40%**). The full range of categories is provided in *Figure 32*.

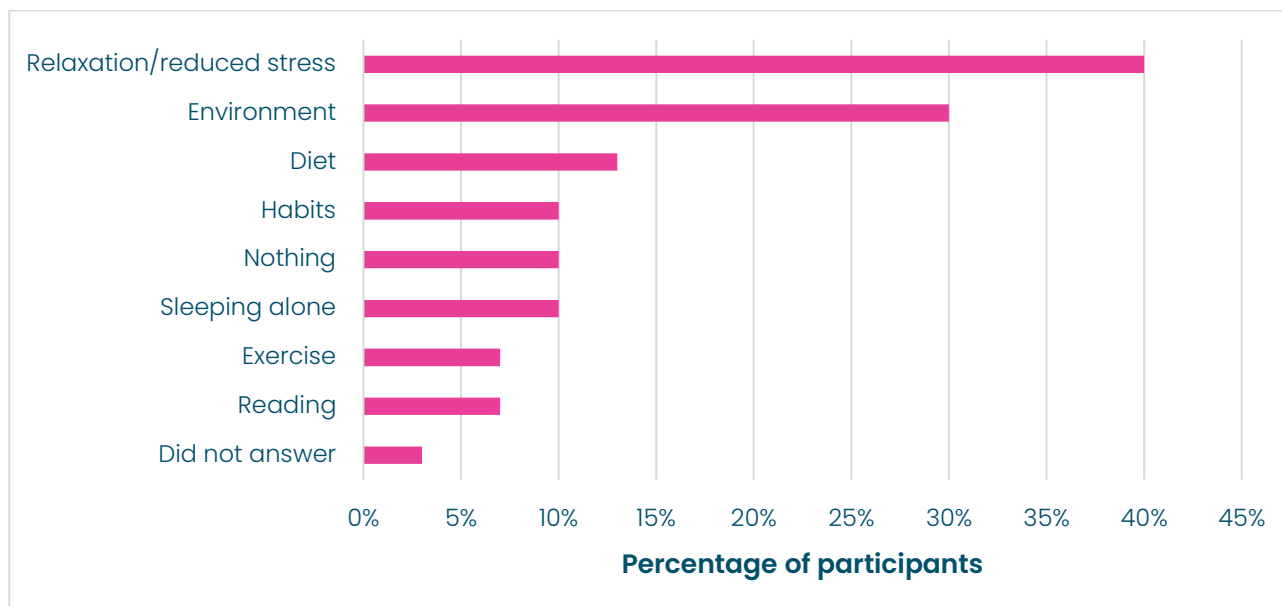


Figure 32: the percentage of participants by categorised responses to the question "Have you noticed anything that positively affects your sleep?"

When asked what they consider to be poor sleep, the majority of participants provided responses that were categorised into "disturbed/broken sleep" (**70%**). Six categories were produced from responses in total, and the full range is provided in *Figure 33*.

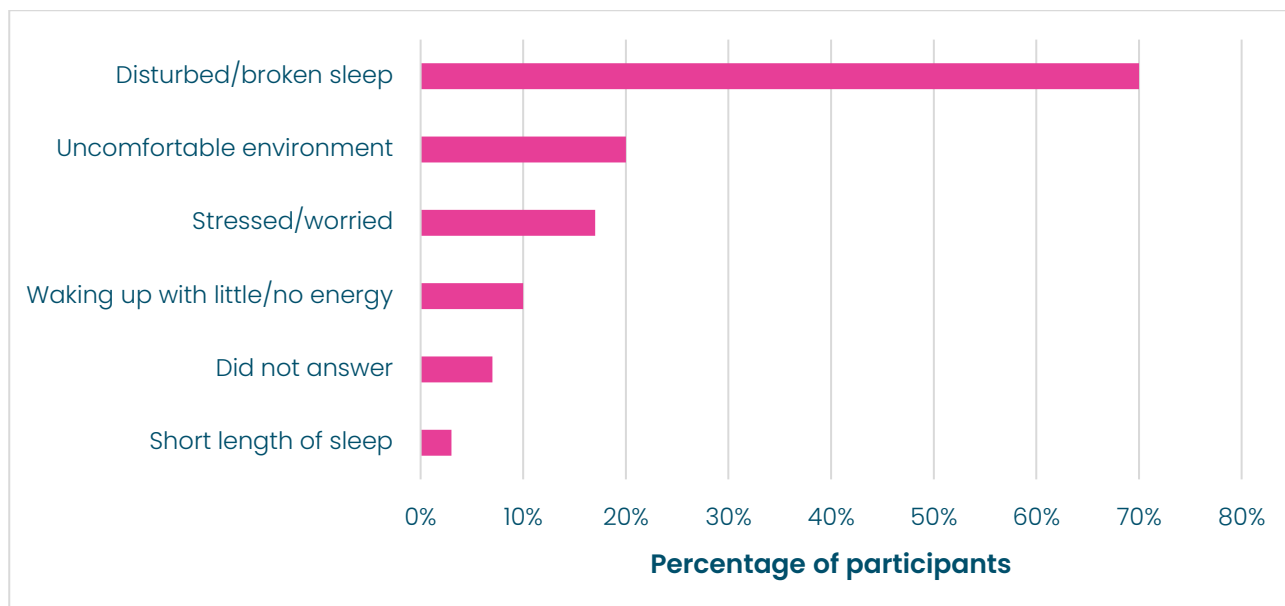


Figure 33: the percentage of participants by categorised responses to the question "What do you consider to be poor sleep?"

Participants were also asked what age they were when they started to experience poor sleep. Responses were grouped during analysis into nine age bands, with the majority of participants opting to not provide an answer (**30%**). This was followed by **20%** of participants answering that they were 11-20 years old when they began to have poor sleep. The full range of age bands is provided in *Figure 34*.

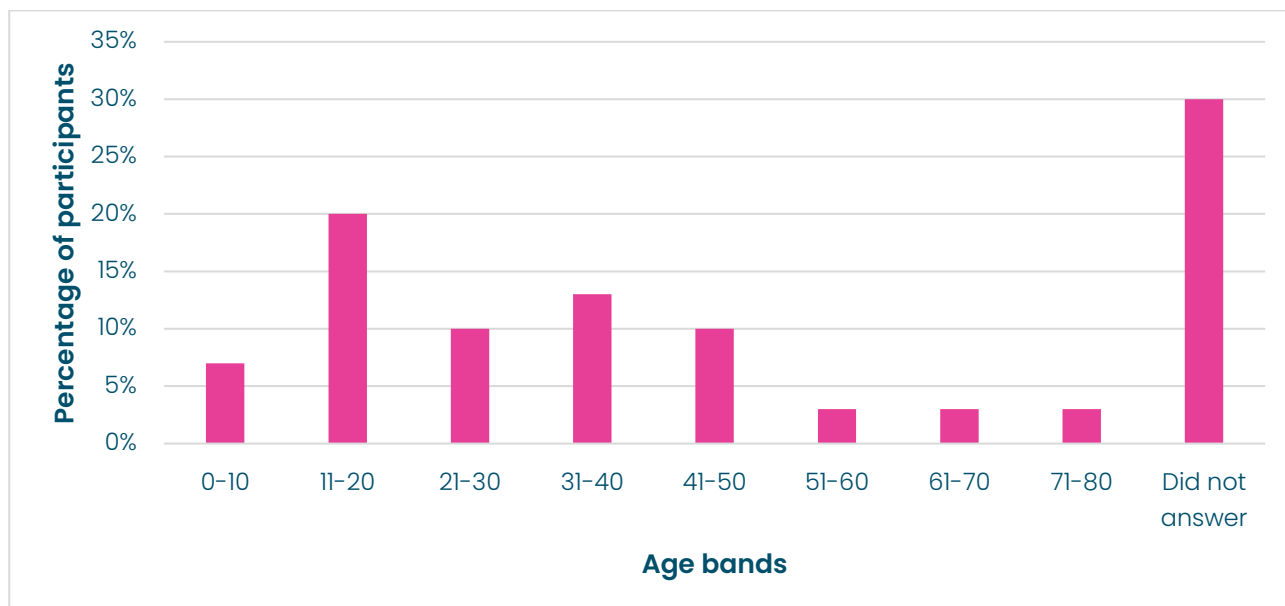


Figure 34: the percentage of participants by age when poor sleep first started.

Participants were asked if there were any specific life events or changes that occurred around the time that sleep difficulties began or worsened. Prompts were provided in the question, including job change, stress, illness, new family responsibilities, shift work, moving house and bereavement. Responses were categorised during analysis into 12 categories, with the majority of participants reporting that "stress/anxiety/trauma"

was the specific event or change that caused sleep to worsen (**30%**). The full range of categories is provided in *Figure 35*.

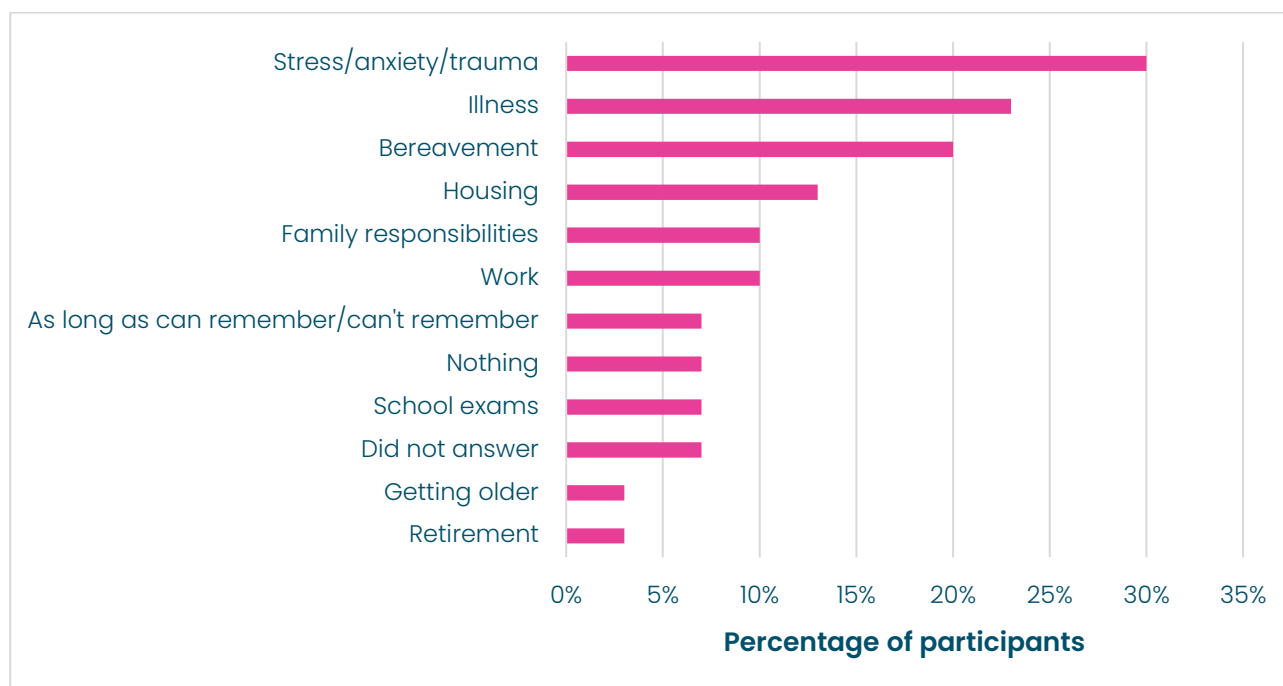


Figure 35: the percentage of participants by categorised responses to the question "Were there any specific life events or changes that occurred around the time your sleep difficulties began or worsened?"

Participants were also asked what impact poor sleep has on their daily life. Prompts were provided in the question, including mood, concentration, productivity and health. Responses were categorised during analysis into nine categories, with the majority of participants reporting that "lethargy/exhaustion" was the most common impact of poor sleep on daily life (**50%**). The full range of categories is provided in *Figure 36*.

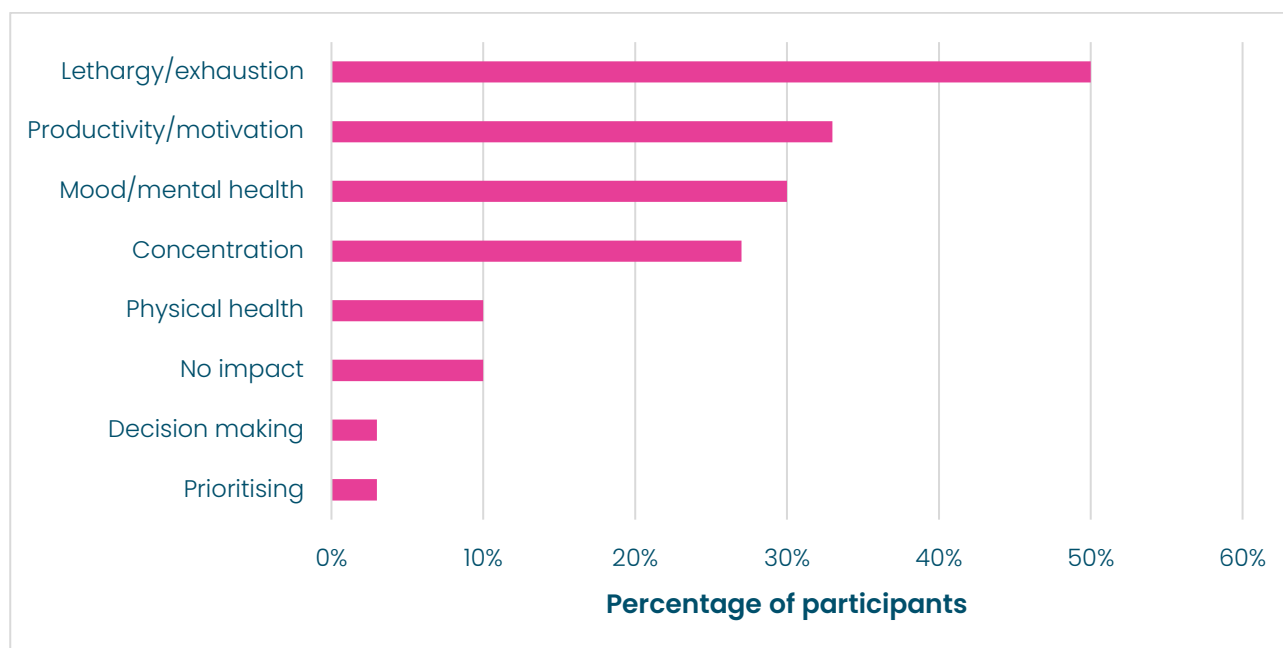
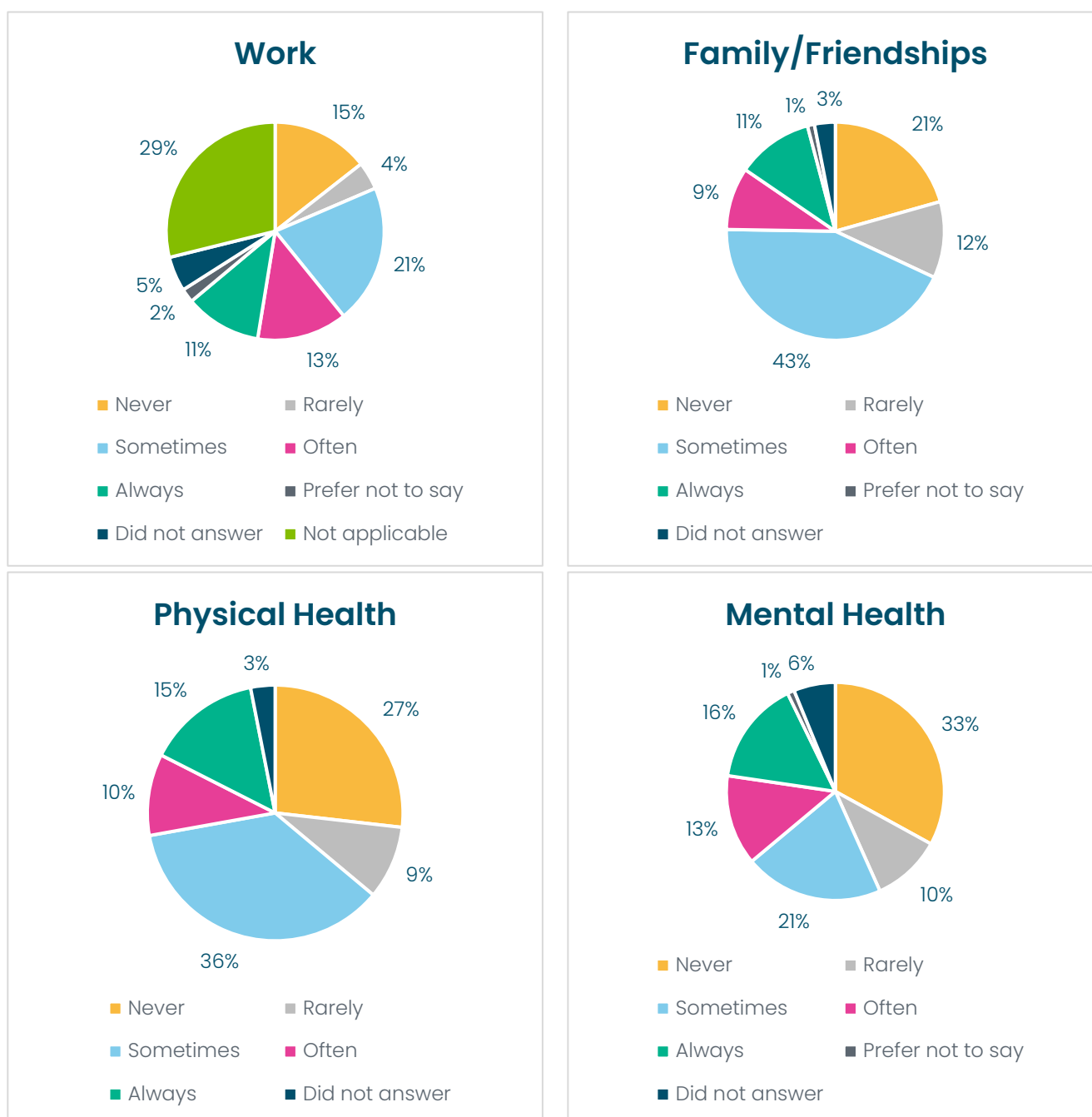


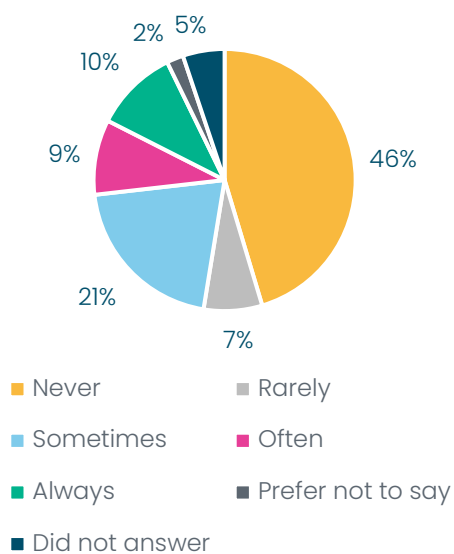
Figure 36: the percentage of participants by categorised responses to the question "What impact does poor sleep have on your daily life?"

Factors Impacting Sleep

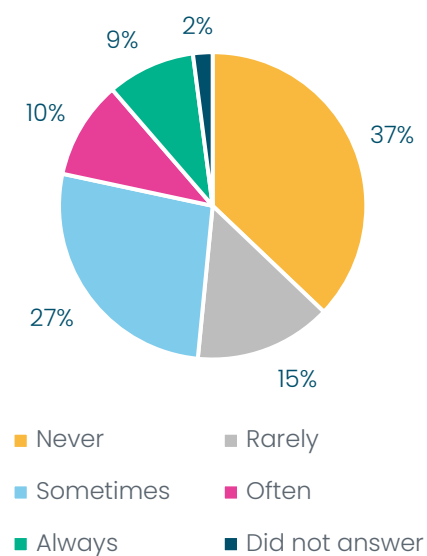
Participants were given eight categories and asked to rate how frequently each one affected their sleep. The eight categories were: work, family/friendships, physical health, mental health, living environment, routine, lifestyle, and caring responsibilities. Notable statistics from this question include: **29%** of participants responded that mental health always or often had an impact on their sleep; **25%** of participants responded that physical health always or often had an impact on their sleep; **24%** of participants responded that work always or often had an impact on their sleep; and **20%** of participants responded that family/friendships always or often had an impact on their sleep. The full range of responses is provided in *Figure 37*.



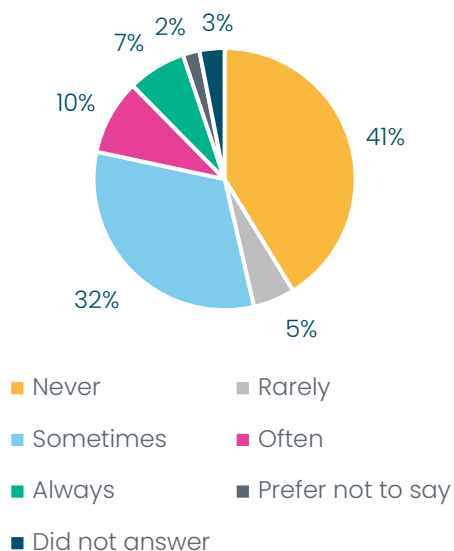
Living Environment



Routine



Lifestyle



Caring Responsibilities

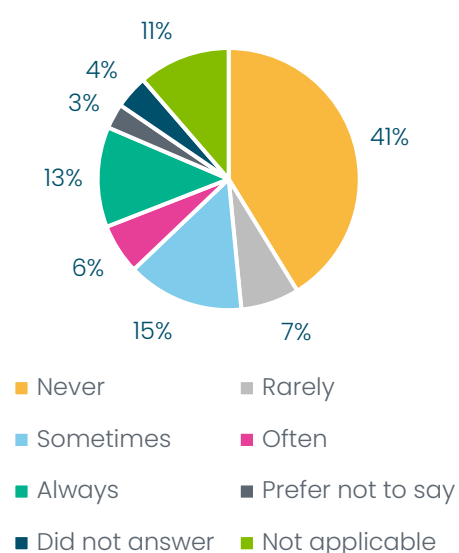


Figure 37: the percentage of participant responses by the frequency of factors' influence upon sleep.

Sleep by Employment Status

Participants in employment (including full-time, part-time, self-employed and students) make up **45%** of the total sample, while retired participants make up **39%** and unemployed participants make up **12%**. The remaining **4%** of participants did not provide information on their employment status.

Employed participants reported an even distribution between good (**15%**), fair (**12%**) and poor (**16%**) quality of sleep. Retired participants reported a weighting towards poorer quality of sleep with **10%** good, **13%** fair and **15%** poor quality of sleep. And unemployed participants reported an overall poorer quality of sleep with **2%** good, **3%** fair and **7%** poor quality of sleep. The full distribution of sleep quality is provided in [Figure 38](#).



Figure 38: the percentage of participants by overall quality of sleep, split by employment status.

A higher proportion of retired participants and unemployed participants reported that they slept less than 5 hours per night (**11%** and **6%** respectively) than employed participants (**5%**). More employed participants and retired participants tended to sleep for shorter periods of time per night (<5-7 hours) than they did for longer periods of time (7-10+ hours). Whereas three-quarters of unemployed participants slept for shorter periods of time per night (<5-7 hours) with just one-quarter sleeping for longer periods of time (7-10+ hours). The full distribution of sleep length is provided in [Figure 39](#).

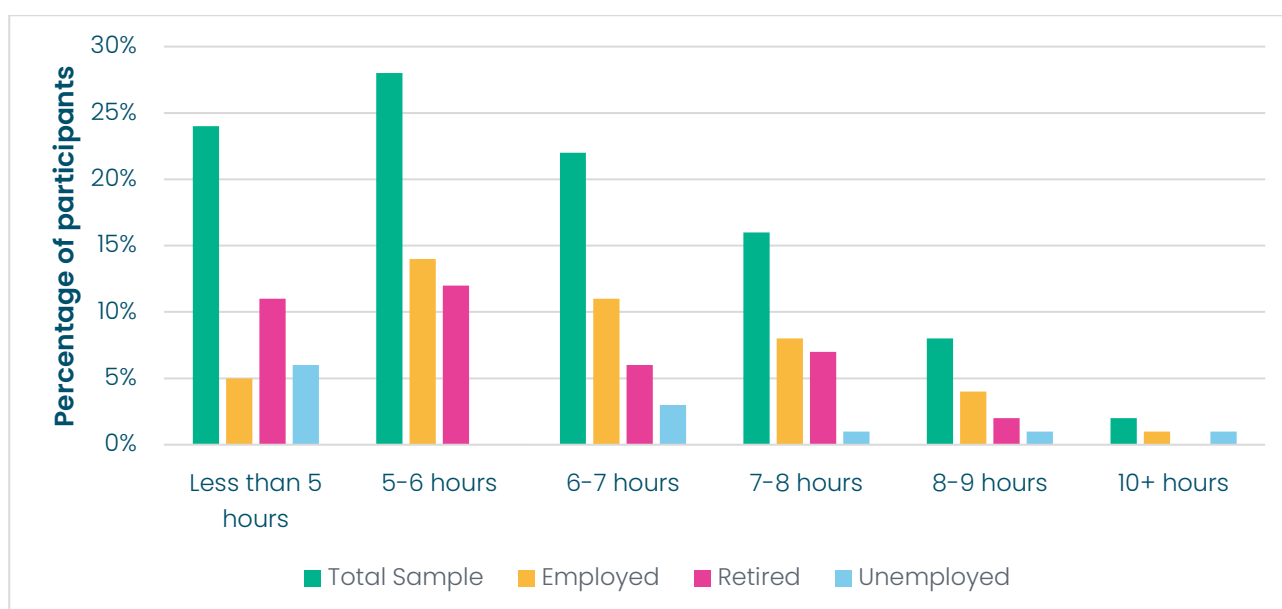


Figure 39: the percentage of participants by actual hours of sleep had per night, split by employment status.

A higher proportion of retired participants and unemployed participants reported that they never wake up feeling refreshed and ready for the day (**11%** and **7%** respectively) than employed participants (**5%**). Conversely, a higher proportion of retired participants reported that they always wake up feeling refreshed and ready for the day (**5%**) than employed participants and unemployed participants (**3%** and **1%** respectively). The full distribution of responses is provided in [Figure 40](#).

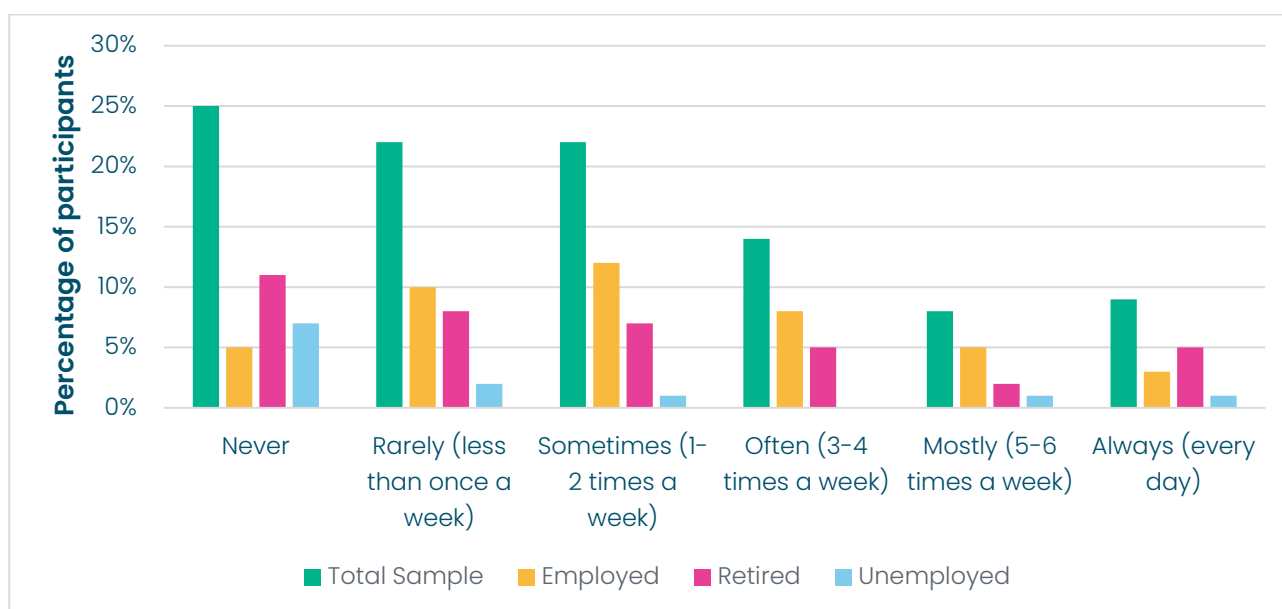


Figure 40: the percentage of participants by frequency of waking up feeling refreshed and ready for the day, split by employment status.

Night-time workers account for **8%** of all participants, with **36%** accounting for daytime workers and the remaining **56%** accounting for all other participants (including retired, unemployed and those that did not answer).

More night-time workers reported a good overall sleep quality (**4%**) than fair (**2%**) or poor sleep quality (**2%**). No night-time workers reported a very poor sleep quality. The full distribution of sleep quality is provided in *Figure 41*.

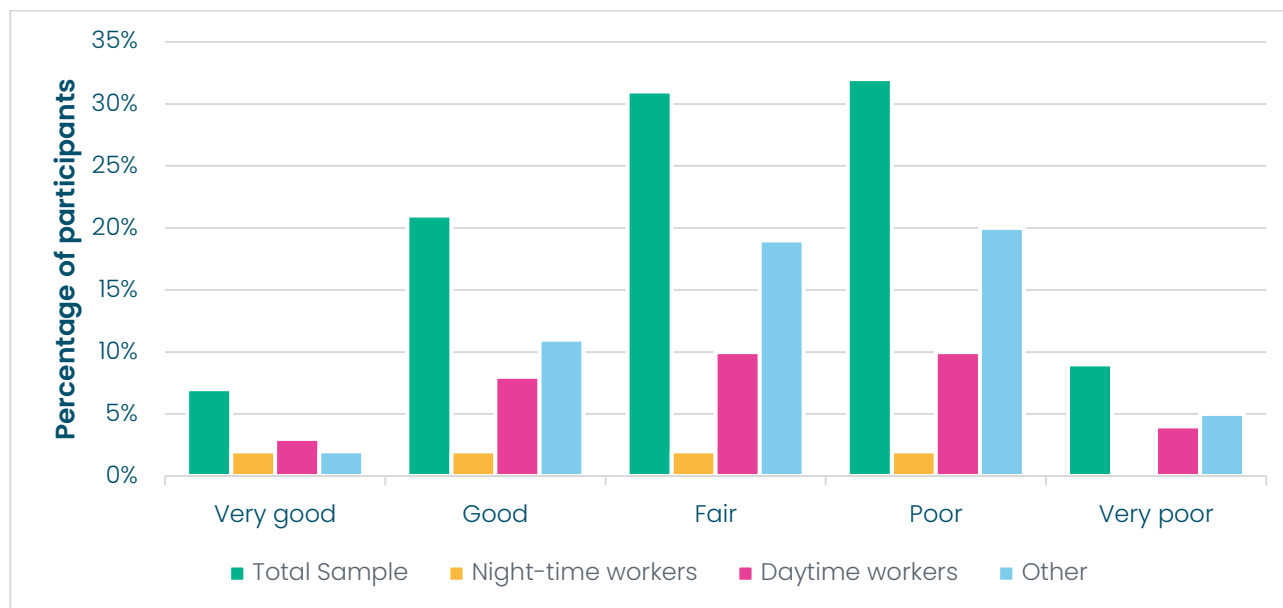


Figure 41: the percentage of participants by overall quality of sleep, split by working hours.

No night-time workers slept for less than 5 hours or for more than 10 hours per night. Almost two-thirds of night-time workers slept for 5-6 hours per night compared to one-quarter of daytime workers and one-quarter of all others. The full distribution of sleep length is provided in *Figure 42*.

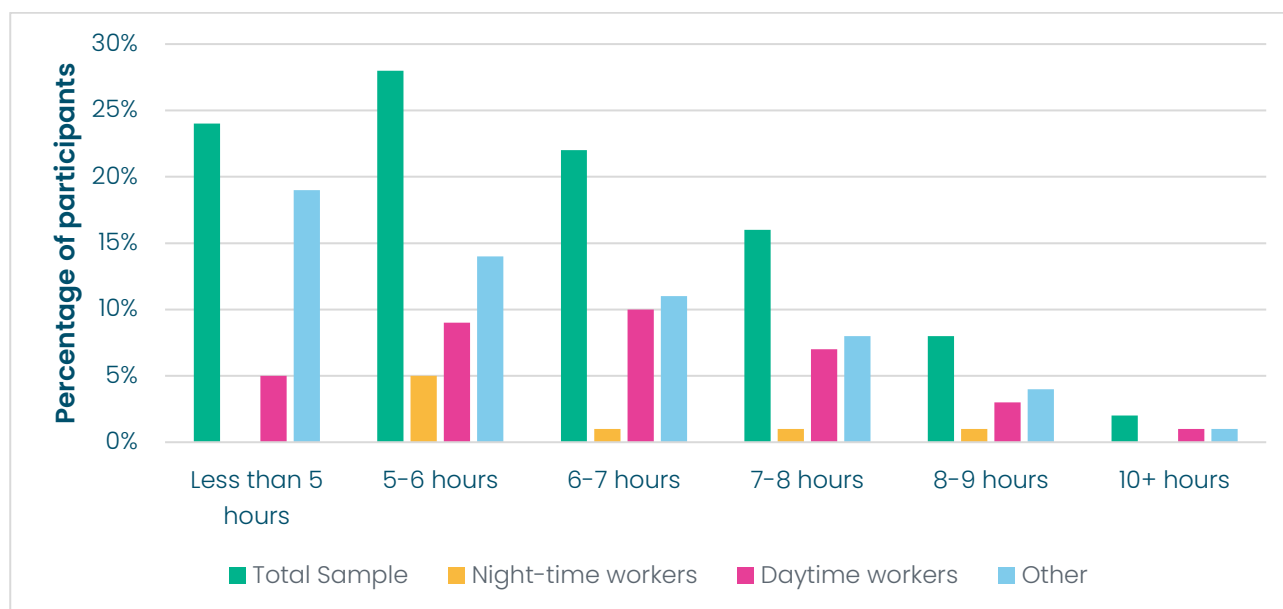


Figure 42: the percentage of participants by actual hours of sleep had per night, split by working hours.

No night-time workers reported that they never woke up feeling refreshed and ready for the day. More than one-third of night-time workers reported that they often or

always wake up feeling refreshed and ready for the day. The full distribution of responses is provided in *Figure 43*.

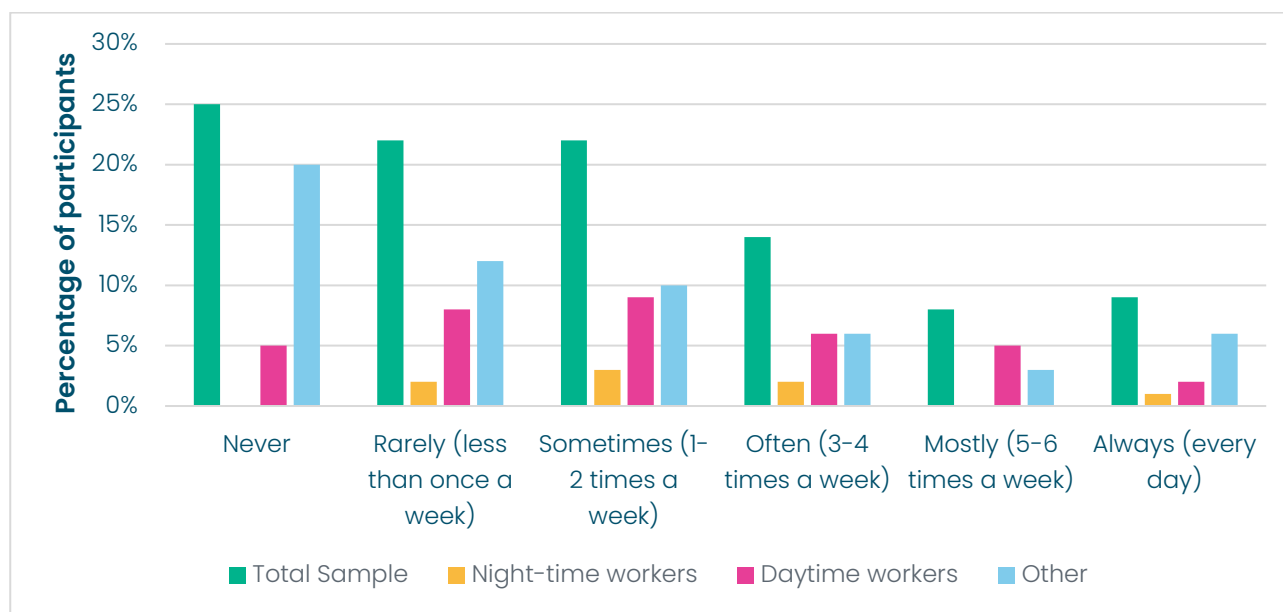


Figure 43: the percentage of participants by frequency of waking up feeling refreshed and ready for the day, split by working hours.

Sleep by Overall Deprivation

Participants from areas of higher overall deprivation make up **46%** of the total sample, while participants from areas of lower overall deprivation make up **22%** of the total sample. The level of overall deprivation for the remaining **32%** of participants is unknown.

Participants from across areas of higher overall deprivation and lower overall deprivation reported similar responses to the quality of their sleep, with one notable difference: none of the participants from areas of lower overall deprivation reported experiencing very poor sleep. The full distribution of sleep quality is provided in *Figure 44*.

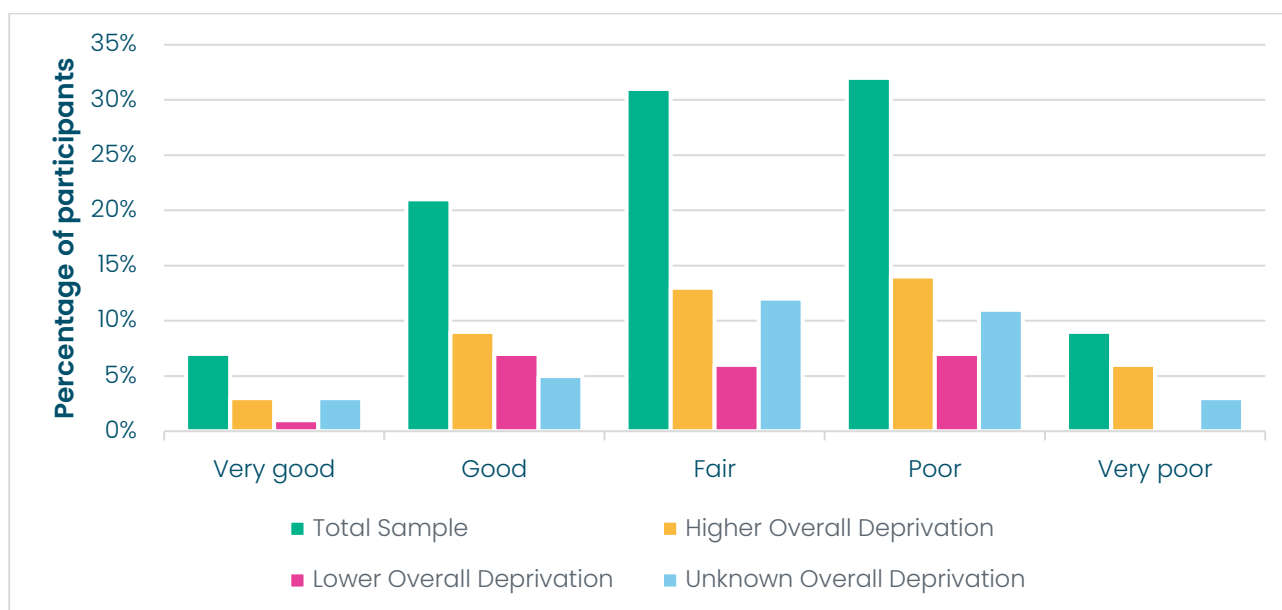


Figure 44: the percentage of participants by overall quality of sleep, split by overall deprivation status.

A higher proportion of participants from areas of higher overall deprivation reported sleeping for less than 5 hours per night (**14%**) than participants from areas of lower overall deprivation and those with an unknown overall deprivation level (each at **5%**). And only participants from areas of higher overall deprivation reported sleeping for 10+ hours per night. The full distribution of sleep length is provided in *Figure 45*.

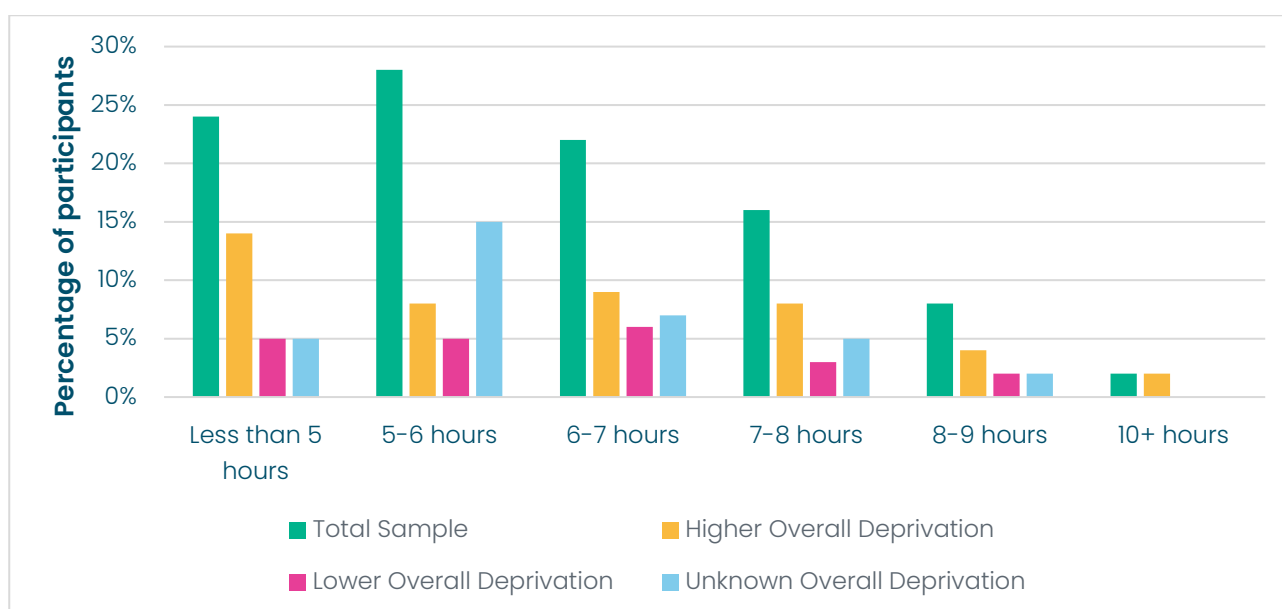


Figure 45: the percentage of participants by actual hours of sleep had per night, split by overall deprivation status.

A higher proportion of participants from areas of higher overall deprivation reported that they never wake up feeling refreshed and ready for the day (**15%**) than participants from areas of lower overall deprivation and those with an unknown overall deprivation level (each at **5%**). And almost two-thirds of participants from areas of lower overall deprivation reported that they either never or rarely wake up feeling refreshed and ready for the day. The full distribution of responses is provided in Figure 46.

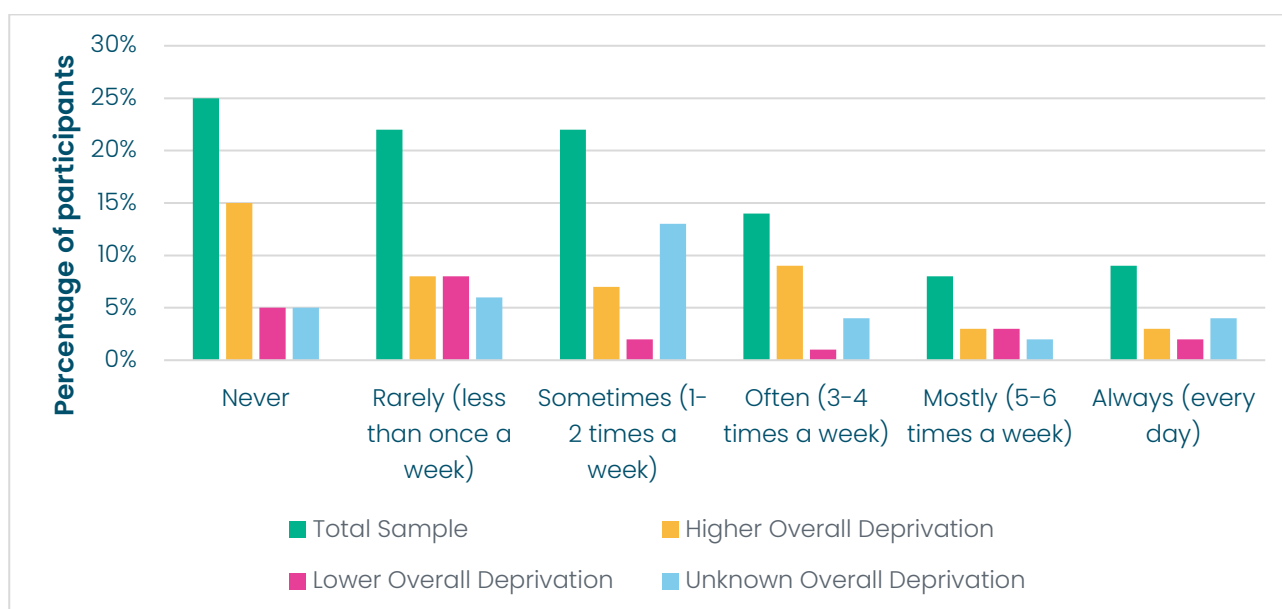


Figure 46: the percentage of participants by frequency of waking up feeling refreshed and ready for the day, split by overall deprivation status.

Sleep by Age

Young people (aged 0-24 years) make up **7%** of the total sample, adults (aged 25-64 years) make up **55%** of the total sample, and older people (aged 65+ years) make up **35%** of the total sample. The remaining **3%** did not disclose their age.

Young people were more likely to report an overall good (**3%**) or fair (**3%**) quality of sleep than an overall poor quality of sleep (**1%**). None of the young people participating in this study reported a very poor quality of sleep, whereas almost half of all adults reported a poor or very poor quality of sleep. Less than one-quarter of adult participants reported an overall good quality of sleep. And older participants reported an even distribution between good (**10%**), fair (**12%**) and poor (**12%**) quality of sleep. The full distribution of quality of sleep is provided in *Figure 47*.

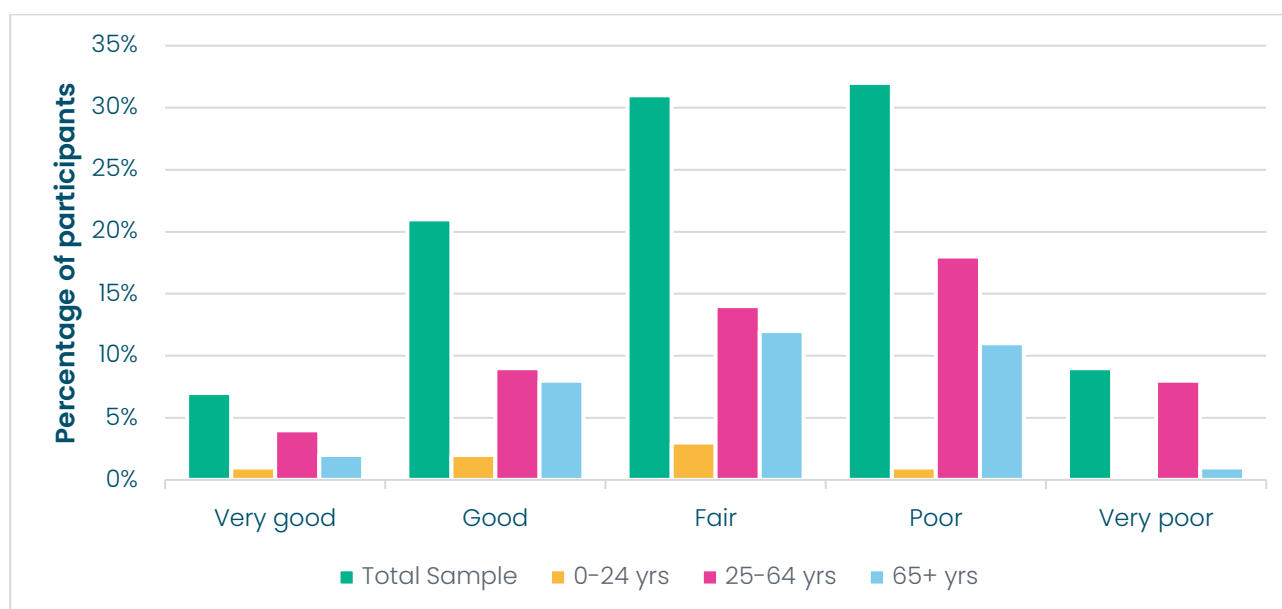


Figure 47: the percentage of participants by overall quality of sleep, split by age.

Three-quarters of adult participants reported sleeping for shorter lengths of time (<5-7 hours per night) with just one-quarter getting more than 7 hours of sleep per night. Older participants and young people were also more likely to sleep for shorter lengths of time per night, with none of the participants of either age group sleeping for 10+ hours. The full distribution of sleep length is provided in *Figure 48*.

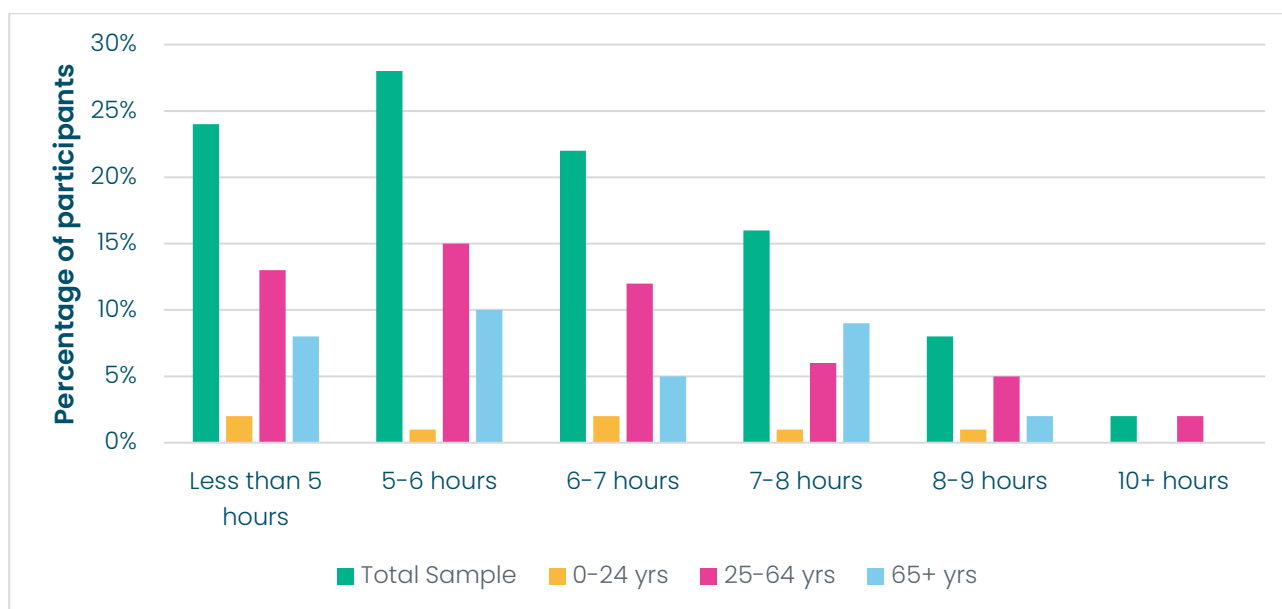


Figure 48: the percentage of participants by actual hours of sleep had per night, split by age.

None of the young people who participated in this study reported that they always or mostly wake up feeling refreshed and ready for the day. In comparison, more than one-third of older participants reported that they always, mostly or often wake up feeling refreshed and ready for the day. However, half of all older participants reported that they never or rarely wake up feeling refreshed and ready for the day, as did almost half of all adult participants. The full distribution of responses is provided in Figure 49.

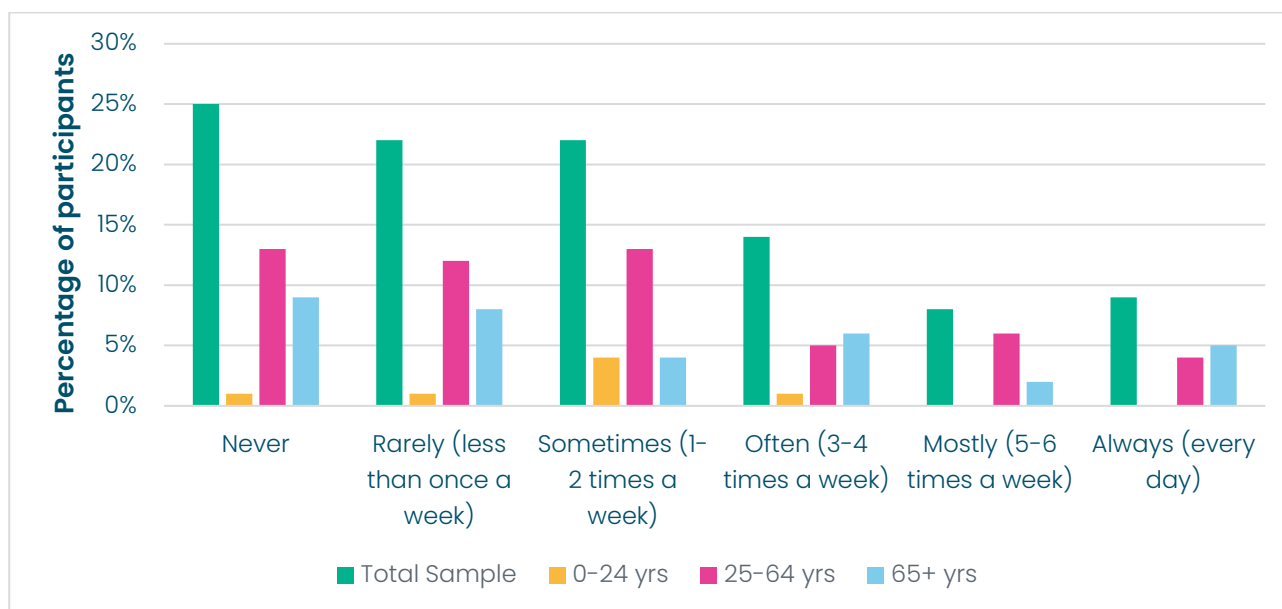


Figure 49: the percentage of participants by frequency of waking up feeling refreshed and ready for the day, split by age.

Conclusions

This study provides a snapshot into the sleep health sleep routines of Medway residents. **28%** of participants reported a good overall quality of sleep; however, the majority of participants experienced a fair or poor overall quality of sleep (**31%** and **41%** respectively). **68%** of participants were experiencing fewer hours of sleep than they believed necessary and **47%** of participants were never or rarely waking up feeling refreshed and ready for the day.

Undisturbed/unbroken sleep was the most common definition of good sleep (**78%**) while lethargy and exhaustion were the most reported consequence of poor sleep (**58%**). Sleep disparities were evident across employment status, deprivation level and age groups, with unemployed and participants from areas of higher overall deprivation more likely to experience poor overall sleep.

This study highlights a gap in awareness and confidence around sleep improvement strategies with many participants unsure what could be done to improve their sleep. **54%** of participants reported they were unsure what could be done or that there was nothing that could be done to improve their sleep.

Key Insights

1. Sleep inequalities exist.

Individuals from areas of higher overall deprivation and unemployed individuals are disproportionately affected by poor sleep, suggesting that targeting additional support to individuals from these groups could have a meaningful impact.

2. Lifestyle factors matter.

Routine, environment, diet and stress management were all frequently cited as both positive and negative influences on sleep, suggesting that small lifestyle changes could have a meaningful impact.

3. Awareness of support is limited.

Participants reported a limited awareness of available support, or were unsure how to improve their sleep whatsoever, indicating that better education on sleep hygiene and on accessible services could have a meaningful impact.

Acknowledgments

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Appendices

Appendix A – Survey Questions

Sleep Survey Questions

This survey aims to explore Medway residents' perspectives on what constitutes good sleep, identify when their sleep issues began and the possible causes, and ultimately discuss potential solutions. This approach will help us gain a broad understanding of sleep-related concerns and experiences.

We form part of a family of projects which work together to drive positive change for everyone. To do that we need your permission to share your information within Engaging Kent CIC, trading as EK360.

Are you happy for us to:

- Record your story and share anonymously with health and social care organisations that provide service and decision makers so they can hear your voice.
- Share your information within EK360.

☐ I Agree

Before we continue, please confirm that you are:

☐ A Medway resident

1. Does your occupation involve night-time working?

☐ Yes ☐ No

2. How many hours of sleep do you think you should be getting?

☐ less than 5 hours

☐ 5-6 hrs

☐ 6-7 hrs

☐ 7-8 hrs

☐ 8-9 hrs

☐ 10+ hrs

3. How often do you wake up feeling refreshed and ready for the day?

☐ Never

☐ Rarely (less than once a week)

☐ Sometimes (1-2 times a week)

☐ Often (3-4 times a week)

☐ Mostly (5-6 times a week)

☐ Always (every day)

4. How would you rate your sleep?

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

If you chose "fair", "good" or "very good"

- 1) What do you consider to be a good quality night's sleep for you?

- 2) What helps you maintain good quality sleep? E.g. routine, relaxation, exercise, diet, avoiding screens?

- 3) Have you noticed anything that positively affects your sleep? E.g. environment, stress levels, habits, etc?

If you chose "fair", "poor" or "very poor"

- 1) What do you consider to be poor sleep?

- 2) At what age did you start having poor sleep?

- 3) Were there any specific life events or changes that occurred around the time your sleep difficulties began or worsened? (e.g. job change, stress, illness, new family responsibilities, shift work, moving house, bereavement)

- 4) What impact does poor sleep have on your daily life? Please consider your mood, concentration, productivity, health and any other impact.

5. Thinking in general, what do you consider to be a good quality night's sleep?

6. What steps have you already taken to try and improve your sleep? (please select all that apply)

- ☐ Adjusting bedtime/wake time
- ☐ Changing diet/reducing caffeine/alcohol
- ☐ Increasing exercise
- ☐ Using relaxation techniques (e.g. meditation, deep breathing)
- ☐ Limiting screen time before bed
- ☐ Improving bedroom environment (e.g. darkness, quiet, temperature)
- ☐ Using over-the-counter sleep aids (e.g. herbal remedies, supplements)
- ☐ Trying prescription sleep medication
- ☐ Attending talking therapy (e.g. CBT-I [Cognitive Behavioural Therapy for Insomnia])
- ☐ Consulting with a pharmacist
- ☐ Consulting with a GP or doctor
- ☐ Consulting with a sleep specialist
- ☐ None of the above
- ☐ Other (please specify)

7. If you have not tried any of the above for improving your sleep, why?

8. Do you currently take any prescribed or over the counter medication for sleep?

- ☐ Yes ☐ No

9. Do you currently take any herbal supplements or vitamins for sleep?

- ☐ Yes ☐ No

10. If **Yes** to Q8 and/or Q9, what do you take?

11. Which of the below do you believe to have an impact on your sleep?

<u>Work</u> ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to say	<u>Family/friendships</u> ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to say	<u>Physical health</u> ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to say	<u>Mental health</u> ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to say
<u>Living environment</u> ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to say	<u>Routine</u> ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to say	<u>Lifestyle</u> ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to say	<u>Caring responsibility</u> ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to say

12. What steps would you be willing to take to improve your sleep quality?**13. If any change, out of your control, could be made to improve your sleep – be it outside noise, work schedule, or support services – what would you want it to be?**

Thank you for your valuable contribution to this survey. Your insights are essential in helping us to better understand the sleep needs of Medway residents.

Appendix B – Demographic Questions

Which district do you live in? ☐ Ashford ☐ Canterbury ☐ Dartford ☐ Dover ☐ Folkestone and Hythe ☐ Gravesham ☐ Maidstone ☐ Medway ☐ Sevenoaks ☐ Swale ☐ Swanley ☐ Thanet ☐ Tonbridge and Malling ☐ Tunbridge Wells ☐ None of the above Specified: _____ ☐ Prefer not to say	Do any of these apply to you? ☐ Prefer not to say  <u>Disability</u> ☐ Yes ☐ No Specified: _____ <u>Mental health issue</u> ☐ Yes ☐ No Specified: _____ <u>Long-term health condition</u> ☐ Yes ☐ No Specified: _____ <u>Neurodiversity</u> ☐ Yes ☐ No Specified: _____		
What is your postcode? _____ ☐ Prefer not to say	Ethnicity <u>Asian/Asian British</u> ☐ Asian British ☐ Bangladeshi ☐ Indian ☐ Nepalese ☐ Pakistani ☐ Any other Asian/Asian British background: _____ <u>Black/African/Caribbean/Black British</u> ☐ Black British ☐ African ☐ Caribbean ☐ Any other Black/Black British background: _____ <u>Mixed/multiple ethnic group</u> ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Any other mixed/multiple ethnic background: _____ <u>Other ethnic group</u> ☐ Arab ☐ Any other ethnic group: _____ <u>White</u> ☐ White British ☐ Gypsy or Irish Traveller ☐ Irish ☐ Roma ☐ Any other White/White British background: _____ ☐ Prefer not to say	Do you consider any of these to be a disability? ☐ Mental Health ☐ Long Term condition ☐ Neurodiversity	Are you a carer for another person? ☐ Yes ☐ No ☐ Not sure ☐ Prefer not to say
What age group are you in? ☐ 0-9 ☐ 45-54 ☐ 10-17 ☐ 55-64 ☐ 18-24 ☐ 65-74 ☐ 25-34 ☐ 75-84 ☐ are you 25? ☐ 85-94 ☐ 35-44 ☐ 95+ ☐ prefer not to say	Is English your first language? ☐ Yes ☐ British Sign Language (BSL) ☐ No Please specify: _____ ☐ Prefer not to say		
How would you describe your gender? ☐ Female ☐ Male ☐ Non-binary ☐ Prefer to self-describe: _____ ☐ Prefer not to say	What is your present religion, if any? _____ ☐ Prefer not to say		
Is your gender identity the same as your sex recorded at birth? ☐ Yes ☐ No ☐ Prefer not to say	Are you a refugee, asylum seeker or migrant? ☐ Yes ☐ No ☐ Not sure ☐ Prefer not to say		
What is your sexual orientation? ☐ Heterosexual or straight ☐ Gay or lesbian ☐ Bisexual ☐ Pansexual ☐ Asexual ☐ Queer ☐ Prefer to self-describe: _____ ☐ Prefer not to say	Are you currently homeless or at risk of becoming homeless in the near future? ☐ Currently homeless ☐ At risk of becoming homeless in the near future ☐ No ☐ Other ☐ Not sure ☐ Prefer not to say	In the past six months, have you struggled to pay for basic necessities? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know ☐ Prefer not to say	What is your employment status? _____ ☐ Prefer not to say What is your highest level of education? _____ ☐ Prefer not to say

If you would like to chat with us about the report you can reach us through the following routes:

healthwatch Medway



Online:

www.healthwatchmedway.com



By Telephone:

Healthwatch Medway Freephone
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By Email:

enquiries@healthwatchmedway.com



By Text:

Text us on 07525 861 639. By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face-to-face

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