

Site: _____
Date of Data Entry: _____
Name: _____

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FUNCTIONAL OUTCOMES OF SLEEP QUESTIONNAIRE (FOSQ)

Some people have difficulty performing everyday activities when they feel tired or sleepy. The purpose of this questionnaire is to find out if you generally have difficulty carrying out certain activities because you are too sleepy or tired. In this questionnaire, when the words “sleepy” or “tired” are used, it means the feeling that you can’t keep your eyes open, your head is droopy, that you want to “nod off”, or that you feel the urge to take a nap. These words do not refer to the tired or fatigued feeling you may have after you have exercised.

DIRECTIONS: Please put a () in the box for your answer to each question. Select only **one** answer for each question. Please try to be as accurate as possible. All information will be kept confidential.

| (0) I don't do this activity for other reasons | (4) No difficulty | (3) Yes, a little difficulty | (2) Yes, moderate difficulty | (1) Yes, extreme difficulty |
|---|-------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
|---|-------------------------|---------------------------------------|---------------------------------------|--------------------------------------|

1. Do you have difficulty concentrating on the things you do because you are sleepy or tired?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

2. Do you generally have difficulty remembering things, because you are sleepy or tired?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

3. Do you have difficulty finishing a meal because you become sleepy or tired?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

4. Do you have difficulty working on a hobby (for example, sewing, collecting, gardening) because you are sleepy or tired?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|---|---|--------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| 5. Do you have difficulty doing work around the house (for example, cleaning house, doing laundry, taking out the trash, repair work) because you are sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have difficulty operating a motor vehicle for <u>short</u> distances (less than 100 miles) because you become sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have difficulty operating a motor vehicle for <u>long</u> distances (greater than 100 miles) because you become sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have difficulty getting things done because you are too sleepy or tired to drive or take public transportation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have difficulty taking care of financial affairs and doing paperwork (for example, writing checks, paying bills, keeping financial records, filling out tax forms, etc.) because you are sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|---|--------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| 10. Do you have difficulty performing employed or volunteer work because you are sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have difficulty maintaining a telephone conversation, because you become sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have difficulty visiting with your family or friends in <u>your</u> home because you become sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have difficulty visiting with your family or friends in <u>their</u> home because you become sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have difficulty doing things for your family or friends because you are too sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | (4) No | (3) Yes, a little | (2) Yes, moderately | (1) Yes, extremely |
|--|--------------------------|--------------------------|---------------------------|--------------------------|
| 15. Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In what way has your relationship been affected? _____

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|---|---|--------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| 16. Do you have difficulty exercising or participating in a sporting activity because you are too sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you have difficulty watching a movie or videotape because you become sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you have difficulty enjoying a concert because you become sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you have difficulty watching TV because you are sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have difficulty participating in religious services, meetings or a group or club, because you are sleepy or tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|-------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
|---|-------------------------|---------------------------------------|---------------------------------------|--------------------------------------|

22. Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

23. Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

| (0) I don't do this for other reasons | (4) No difficulty | (3) Yes, a little difficulty | (2) Yes, moderate difficulty | (1) Yes, extreme difficulty |
|--|-------------------------|--|---------------------------------------|--------------------------------------|
|--|-------------------------|--|---------------------------------------|--------------------------------------|

24. Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

25. Do you have difficulty keeping pace with others your own age because you are sleepy or tired?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

| (1) Very Low | (2) Low | (3) Medium | (4) High |
|-----------------|------------|---------------|-------------|
|-----------------|------------|---------------|-------------|

26. How would you rate your general level of activity?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

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| (0) I don't engage in sexual activity for other reasons | (4) No | (3) Yes, a little | (2) Yes, moderately | (1) Yes, extremely |
|---|-----------|----------------------------|---------------------------|--------------------------|
|---|-----------|----------------------------|---------------------------|--------------------------|

27. Has your intimate or sexual relationship been affected because you are sleepy or tired?

☐☐☐☐☐

28. Has your desire for intimacy or sex been affected because you are sleepy or tired?

☐☐☐☐☐

29. Has your ability to become sexually aroused been affected because you are sleepy or tired?

☐☐☐☐☐

30. Has your ability to “come” (have an orgasm) been affected because you are sleepy or tired?

☐☐☐☐☐

Thank you for completing this questionnaire.