

Name: _____

Date: _____

Functional Outcomes of Sleep Questionnaire (FOSQ)

| | Yes | No |
|--|-----|----|
| Do you generally have difficulty concentrating on the things you do because you are sleepy or tired? | | |
| Do you generally have difficulty remembering things because you are sleepy or tired? | | |
| Do you have difficulty finishing a meal because you become sleepy or tired? | | |
| Do you have difficulty working on a hobby because you are sleepy or tired? | | |
| Do you have difficulty doing work around the house because you are sleepy or tired? | | |
| Do you have difficulty operating a motor vehicle for short distances because you become sleepy or tired? | | |
| Do you have difficulty operating a motor vehicle for long distance because you become sleepy or tired? | | |
| Do you have difficulty getting things done because you are too sleepy or tired to drive or take public transportation? | | |
| Do you have difficulty taking care of financial affairs and doing paperwork because you are sleepy or tired? | | |
| Do you have difficulty performing employed or volunteer work because you are sleepy or tired? | | |
| Do you have difficulty maintaining a telephone conversation because you become sleepy or tired? | | |
| Do you have difficulty visiting with your family/friends in your home because you become sleepy or tired? | | |
| Do you have difficulty visiting with your family/friends in their home because you become sleepy or tired? | | |
| Do you have difficulty doing things for your family or friends because you are sleepy or tired? | | |
| Do you have difficulty exercising or participating in a sport activity because you are too sleepy or tired? | | |
| Do you have difficulty watching a movie or videotape because you become sleepy or tired? | | |
| Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired? | | |
| Do you have difficulty enjoying a concert because you become sleepy or tired? | | |
| Do you have difficulty watching television because you are sleepy or tired? | | |
| Do you have difficulty participating in religious services, meetings or a group or club because you are sleepy or tired? | | |
| Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired? | | |
| Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired? | | |
| Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired? | | |
| Do you have difficulty keeping pace with others your own age because you are sleepy or tired? | | |
| Has your intimate or sexual relationship been affected because you are sleepy or tired? | | |
| Has your desire for intimacy or sex been affected because you are sleepy or tired? | | |
| Has your ability to become sexually aroused been affected because you are sleepy or tired? | | |
| Has your ability to have an orgasm been affected because you are sleepy or tired? | | |

Has your relationship with family or work colleagues been affected because you are sleepy or tired?

1 = Very little 2 = Little 3 = Medium 4 = High

How would you rate your general level of activity?

1 = Very low 2 = Low 3 = Medium 4 = High

Epworth Sleepiness Scale

ESS Total

How likely are you to doze off or fall asleep in the following situations in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.

| | never | slight | moderate | high |
|---|-------|--------|----------|------|
| Sitting and reading | | | | |
| Watching TV | | | | |
| Sitting, inactive in a public place (e.g. a theater or a meeting) | | | | |
| As a passenger in a car for an hour without a break | | | | |
| Lying down to rest in the afternoon when circumstances permit | | | | |
| Sitting and talking to someone | | | | |
| Sitting quietly after a lunch without alcohol | | | | |
| In a car, while stopped for a few minutes in traffic | | | | |

ESS Total