

FOSQ Functional Outcomes of Sleep Questionnaire (Subject)

Study ID	Time Point	Staff ID		Site	: ID	
Name Code		Date Completed	/		/	

Directions: Please use dark marks. Fill bubbles completely. Example: ●Yes ○No

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: Select only one answer for each question. Please try to be as accurate as possible. All information will be kept confidential. Thank you for completing this questionnaire.

		(0) I don't do this activity for other reasons	(1) No difficulty	(2) Yes, a little difficulty	(3) Yes, moderate difficulty	(4) Yes, extreme difficulty
1.	Do you have difficulty concentrating on the things you d because you are sleepy or tired?	0	O1	O 2	O 3	O 4
2.	Do you generally have difficulty remembering things because you are sleepy or tired?		O1	O 2	O3	O 4
3.	Do you have difficulty finishing a meal because you become sleepy or tired?	/	O1	O 2	O3	O 4
4.	Do you have difficulty working on hobby (for example, sewing, collecting, gardening) because you are sleepy or tired?	00	O1	O 2	O 3	O 4
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?	00	O1	O 2	O3	O 4

Reviewer ID:	Review Date:	/[\Box / \Box	
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		(0) I don't do this activity for other reasons	(1) No difficulty	(2) Yes, a little difficulty	(3) Yes, moderate difficulty	(4) Yes, extreme difficulty			
6.	Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you are sleepy or tired?	00	O1	O 2	O 3	O 4			
7.	Do you have difficulty operating a motor vehicle for <u>long</u> distances (greater than100 miles) because you become sleepy or tired?	O 0	O1	O 2	O 3	O 4			
8.	Do you have difficulty getting things done because you are too sleepy or tired to drive or take public transportation?	00	O1	O 2	O 3	O 4			
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?	00	O1	O 2	O 3	O 4			
10.	Do you have difficulty performing employed or volunteer work because you are sleepy or tired?	00	O1	O 2	O3	O 4			
11.	Do you have difficulty maintaining a telephone conversation because you become sleepy or tired?		01	O 2	O 3	O 4			
12.	Do you have difficulty visiting with family and friends in your home because you become sleepy or tired?	00	O ₁	O 2	O 3	O 4			



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		(0) I don't do this activity for other reasons	(1) No difficulty	(2) Yes, a little difficulty	(3) Yes, moderate difficulty	(4) Yes, extreme difficulty				
13.	Do you have difficulty visiting with family or friends in their home because you are too sleepy or tired?	00	01	O 2	O 3	O 4				
14.	Do you have difficulty doing things for your family or friends because you are too sleepy or tired?		O 1	O 2	O3	O 4				
		(0) No	(1) Yes, a little	(2) Yes, moderately	(3) Yes, extremely					
15.	Has your relationship with family, friends, or work colleagues been affected because you are sleepy or tired?	00	01	O 2	O 3					
	In what way have your relationships been affected?									
		(0) I don't do this	(1) No	(2) Yes,	(3) Yes,	(4) Yes,				
		activity for other reasons	difficulty	a little difficulty	moderate difficulty	extreme difficulty				
16.	Do you have difficulty exercising of participating in a sporting activity because you are too sleepy or tired?	O 0	01	O 2	O 3	O 4				
17.	Do you have difficulty watching a movie or videotape because you become sleepy or tired?	00	01	O 2	O3	O 4				

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		(0) I don't do this activity for other reasons	(1) No difficulty	(2) Yes, a little difficulty	(3) Yes, moderate difficulty	(4) Yes, extreme difficulty		
18.	Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired?	00	O 1	O 2	O 3	O 4		
19.	Do you have difficulty enjoying a concert because you become sleepy or tired?	O 0	O1	O 2	O 3	O 4		
20.	Do you have difficulty watching TV because you become sleepy or tired?	00	O 1	O 2	O3	O 4		
21.	Do you have difficulty participating in religious services, meetings, or a group or club because you are sleepy or tired?	() ()	O1	O 2	O 3	O 4		
22.	Do you have difficulty being as active as you want to be in the evening because you are sleepy tired?	or	O1	O 2	O 3	O 4		
23.	Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?		O1	O 2	O3	O 4		
24.	Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired?	′	O 1	O 2	O 3	O 4		
25.	Do you have difficulty keeping pace with others your own age because you are sleepy or tired?		01	O 2	O 3	O 4		



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			(1)	(2)	(3)	(4)
	26 How would you rate your general			Low	Medium	High
26.	How would you rate your general level of activity?		O 1	O 2	O3	O 4
		(0) No (intimate or sexual relationship)	(1) No	(2) Yes, a little	(3) Yes, moderately	(4) Yes, extremely
27.	Has your intimate or sexual relationship been affected becaus you are sleepy or tired?	e O 0	O 1	O 2	O3	O 4
	If NO	to Question #2	27, STOP H	lere.		
28.	Has your desire for intimacy or se been affected because you are sleepy or tired?	x	O 1	O 2	O 3	O 4
29.	Has your ability to become sexually aroused been affected because you are sleepy or tired?		O 1	O 2	O 3	O 4
30.	Has your ability to "come" (have a orgasm) been affected because you are sleepy or tired?	ın	O 1	O 2	O 3	O 4

PI Initials:			PI Review Date:			/	
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