

# Washington University

## Multidisciplinary Sleep Medicine Center

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 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 the words “sleepy” or “tired” are used to describe 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 check 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.

	I don't do this activity for other reasons	No difficulty	Yes, a little difficulty	Yes, moderate difficulty	Yes, extreme difficulty
<b>Q1.</b> Do you generally have difficulty concentrating on things you do because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q2.</b> 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"/>	<input type="checkbox"/>
<b>Q3.</b> 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"/>	<input type="checkbox"/>
<b>Q4.</b> 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"/>
<b>Q5.</b> 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"/>
<b>Q6.</b> 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"/>
<b>Q7.</b> Do you have difficulty operating a motor vehicle for long 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"/>
<b>Q8.</b> 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"/>
<b>Q9.</b> 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"/>
<b>Q10.</b> 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"/>

	<b>I don't do this activity for other reasons</b>	<b>No difficulty</b>	<b>Yes, a little difficulty</b>	<b>Yes, moderate difficulty</b>	<b>Yes, extreme difficulty</b>
Q11. 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"/>
Q12. 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"/>
Q13. Do you have difficulty visiting 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"/>
Q14. 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"/>
Q15. Has your relationship with your family, friends, or work colleagues been affected because you are sleepy or tired?	<b>No</b> <input type="checkbox"/>	<b>Yes, a little</b> <input type="checkbox"/>	<b>Yes, moderately</b> <input type="checkbox"/>	<b>Yes, extremely</b> <input type="checkbox"/>	

	<b>I don't do this activity for other reasons</b>	<b>No difficulty</b>	<b>Yes, a little difficulty</b>	<b>Yes, moderate difficulty</b>	<b>Yes, extreme difficulty</b>
Q16. 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"/>
Q17. 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"/>
Q18. Do you have difficulty enjoying a theatre or a lecture because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19. 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"/>
Q20. Do you have difficulty watching television because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q21. 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"/>
Q22. Do you have difficulty being as active as you want to be in the <u>evening</u> because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23. Do you have difficulty being as active as you want to be in the <u>morning</u> because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q24. Do you have difficulty being as active as you want to be in the <u>afternoon</u> because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>I don't do this activity for other reasons</b>	<b>No difficulty</b>	<b>Yes, a little difficulty</b>	<b>Yes, moderate difficulty</b>	<b>Yes, extreme difficulty</b>
<b>Q25.</b> 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"/>	<input type="checkbox"/>

**Q26.** How would you rate your general level of activity?

Very Low     Low     Medium     High

	<b>No intimate or sexual relationship</b>	<b>No</b>	<b>Yes, a little</b>	<b>Yes, moderately</b>	<b>Yes, extremely</b>
<b>Q27.</b> Has your intimate or sexual relationship been affected because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>I don't engage in sexual activity for other reasons</b>	<b>No</b>	<b>Yes, a little</b>	<b>Yes, moderately</b>	<b>Yes, extremely</b>
<b>Q28.</b> Has your desire for intimacy or sex been affected because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Q29.</b> Has your ability to become sexually aroused been affected 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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<b>Q30.</b> Has your ability to "come" (have an orgasm) been affected 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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