

FUNCTIONAL OUTCOMES OF SLEEP QUESTIONNAIRE

THIS IS THE **FOSQ** (FUNCTIONAL OUTCOMES OF SLEEP QUESTIONNAIRE)

NOTE: IN THIS QUESTIONNAIRE THE WORDS "SLEEPY" OR "TIRED" ARE USED, IT DESCRIBES THE FEELING THAT YOU CANNOT 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.

FOSQ QUESTIONS ARE ANSWERED USING NUMBERS FROM 0-4.

- * 0 = I DON'T DO THIS ACTIVITY FOR OTHER REASONS
- * 1 = YES, EXTREME
- * 2 = YES, MODERATE
- * 3 = YES, A LITTLE
- * 4 = NO

Q1 - DO YOU GENERALLY HAVE DIFFICULTY CONCENTRATING ON THE THINGS YOU DO BECAUSE YOU ARE SLEEPY OR TIRED?

Q2 - DO YOU GENERALLY HAE DIFFICULTY REMEMBERING THINGS BECAUSE YOU ARE SLEEPY OR TIRED?

Q3 - DO YOU HAVE DIFFICULTY FINISHING A MEAL BECAUSE YOU BECOME SLEEPY OR TIRED?

Q4 - DO YOU HAVE DIFFICULTY WORKING ON A HOBBY (E.G. SEWING, COLLECTING, GARDENING) BECAUSE YOU ARE SLEEPY OR TIRED?

Q5 - DO YOU HAVE DIFFICULTY DOING WORK AROUND THE HOUSE (E.G. CLEANING HOUSE, DOING LAUNDRY, TAKING OUT TRASH, REPAIR WORK, ETC) BECAUSE YOU ARE SLEEPY OR TIRED?

Q6 - DO YOU HAVE DIFFICULTY OPERATING A MOTOR VEHICLE FOR SHORT DISTANCES (**LESS** THAN 100MILES) BECAUSE YOU BECOME SLEEPY OR TIRED?

Q7 - DO YOU HAVE DIFFICULTY OPERATING A MOTOR VEHICLE FOR LONG DISTANCES (**GREATER** THAN 100 MILES) BECAUSE YOU BECOME SLEEPY OR TIRED?

Q8 - DO YOU HAVE DIFFICULTY GETTING THINGS DONE BECAUSE YOU ARE SLEEPY OR TIRED TO DRIVE OR TAKE PUBLIC TRANSPORTATION?

Q9 - DO YOU HAVE DIFFICULTY TAKING CARE OF FINANCIAL AFFAIRS AND DOING PAPERWORK (E.G. WRITING CHEQUES, PAYING BILLS, KEEPING FINANCIAL RECORDS, FILLING OUT TAX FORMS ETC) BECAUSE YOU ARE SLEEPY OR TIRED?

Q10 - DO YOU HAVE DIFFICULTY PERFORMING EMPLOYED OR VOLUNTEER WORK BECAUSE YOU ARE SLEEPY OR TIRED?

Q11 - DO YOU HAVE DIFFICULTY VISITING WITH YOUR FAMILY OR FRIENDS IN **YOUR** HOME BECAUSE YOU BECOME SLEEPY OR TIRED?

Q12 - DO YOU HAVE DIFFICULTY VISITING WITH YOUR FAMILY OR FRIENDS IN **THEIR** HOME BECAUSE YOU BECOME SLEEPY OR TIRED?

Q13 - DO YOU HAVE DIFFICULTY DOING THINGS FOR YOUR FAMILY OR FRIENDS BECAUSE YOU ARE TOO SLEEPY OR TIRED?

Q14 - FOR QUESTION 14, ANSWER USING ONLY 1,2,3 OR 4: HAS YOUR RELATIONSHIP WITH FAMILY, FRIENDS OR WORK COLLEAGUES BEEN AFFECTED BECAUSE YOU ARE SLEEPY OR TIRED?

Q15 - DO YOU HAVE DIFFICULTY EXERCISING OR PARTICIPATING IN A SPORTING ACTIVITY BECAUSE YOU ARE TOO SLEEPY OR TIRED?

Q16 - DO YOU HAVE DIFFICULTY WATCHING MOVIE OR VIDEOTAPE BECAUSE YOU BECOME SLEEPY OR TIRED?

Q17 - DO YOU HAVE DIFFICULTY ENJOYING THE THEATRE OR A LECTURE BECAUSE YOU BECOME SLEEPY OR TIRED?

Q18 - DO YOU HAVE DIFFICULTY ENJOYING A CONCERT BECAUSE YOU BECOME SLEEPY OR TIRED?

Q19 - DO YOU HAVE DIFFICULTY WATCHING TELEVISION BECAUSE YOU ARE SLEEPY OR TIRED?

Q20 - DO YOU HAVE DIFFICULTY PARTICIPATING IN RELIGIOUS SERVICES, MEETINGS OR A GROUP OR CLUB BECAUSE YOU ARE SLEEPY OR TIRED?

Q21 - DO YOU HAVE DIFFICULTY BEING AS ACTIVE AS YOU WANT TO BE IN THE **EVENING** BECAUSE YOU ARE SLEEPY OR TIRED?

Q22 - DO YOU HAVE DIFFICULTY BEING AS ACTIVE AS YOU WANT TO BE IN THE **MORNING** BECAUSE YOU ARE SLEEPY OR TIRED?

Q23 - DO YOU HAVE DIFFICULTY BEING AS ACTIVE AS YOU WANT TO BE IN THE **AFTERNOON** BECAUSE YOU ARE SLEEPY OR TIRED?

Q24 - DO YOU HAVE DIFFICULTY KEEPING PACE WITH OTHERS YOUR OWN AGE BECAUSE YOU ARE SLEEPY OR TIRED?

Q25 - FOR QUESTION 24, ANSWER ONLY USING THE SCALE 1 = VERY LOW, 2 = LOW, 3 = MEDIUM, 4 = HIGH
HOW WOULD YOU RATE YOUR GENERAL ACTIVITY?

Q26 - HAS YOUR INTIMATE OR SEXUAL RELATIONSHIP BEEN AFFECTED BECAUSE YOU ARE SLEEPY OR TIRED?

Q27 - HAS YOUR DESIRE FOR INTIMACY OR SEX BEEN AFFECTED BECAUSE YOU ARE SLEEPY OR TIRED?

Q28 - HAS YOUR ABILITY TO BECOME SEXUALLY AROUSED BEEN AFFECTED BECAUSE YOU ARE SLEEPY OR TIRED?

Q29 - HAS YOUR ABILITY TO HAVE AN ORGASM BEEN AFFECTED BECAUSE YOU ARE SLEEPY OR TIRED?

FOSQ IS A "QUALITY OF LIFE" QUESTIONNAIRE DESIGNED SPECIFICALLY FOR PEOPLE WITH SLEEP DISORDERS. THE RESULTS ALLOW HEALTH CARE PROFESSIONALS TO SEE HOW THERAPY HAS IMPROVED THE QUALITY OF YOUR LIFE. BY COMPLETING THE QUESTIONNAIRE PERIODICALLY, YOU CAN PROVIDE VALUABLE INFORMATION ABOUT THE EFFECTIVENESS OF TREATMENT.