

# Functional Outcomes of Sleep Questionnaire (FOSQ)

(reduced)

Please mark "X" as appropriate:	<b>1</b> Yes, extreme	<b>2</b> Yes, moderate	<b>3</b> Yes, a little	<b>4</b> No
<b>1</b> 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"/>
<b>2</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"/>
<b>3</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"/>
<b>4</b> Do you have difficulty working on a hobby (For Example: Sewing, Collecting, Gardening, etc.) because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Do you have difficulty doing work around the house (For Example: Cleaning House, Doing Laundry, Taking Out the Trash, Repair Work, etc.) because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</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"/>
<b>9</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"/>
<b>10</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"/>

**FOSQ - 10 Score**