



Sterling Rock Falls Clinic, Ltd.
101 E. Miller Road Sterling, IL 61081
(815) 622-1209

CGH Sleep Center
100 E. LeFevre Sterling, IL 61081
(815) 625-0400 Ext. 5687



Department of Sleep Medicine

Functional Outcomes of Sleep Questionnaire

- Q1. Do you generally have difficulty concentrating on the things you do because you are sleepy or tired?
- Q2. Do you generally have 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 (for example: sewing, collecting, gardening) because you are sleepy or tired?
- Q5. 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?
- Q6. Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) 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 too sleepy or tired to drive or take public transportation?
- Q9. 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?
- Q10. Do you have difficulty performing employed or volunteer work because you are sleepy or tired?
- Q11. Do you have difficulty maintaining a telephone conversation because you become sleepy or tired?
- Q12. Do you have difficulty visiting with your family or friends in your home because you become sleepy or tired?
- Q13. Do you have difficulty visiting with your family or friends in their home because you become sleepy or tired?
- Q14. Do you have difficulty doing things for your family or friends because you are too sleepy or tired?
- Q15. **For Question 15 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?
- Q16. Do you have difficulty exercising or participating in a sporting activity because you are too sleepy or tired?
- Q17. Do you have difficulty watching a movie or videotape because you become sleepy or tired?
- Q18. Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired?
- Q19. Do you have difficulty enjoying a concert because you become sleepy or tired?
- Q20. Do you have difficulty watching television because you are sleepy or tired?
- Q21. Do you have difficulty participating in religious services, meetings or a group or club because you are sleepy or tired?
- Q22. Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?
- Q23. Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?
- Q24. Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired?
- Q25. Do you have difficulty keeping pace with others your own age because you are sleepy or tired?
- Q26. **For Question 26 only, answer using the scale below.**
How would you rate your general level of activity?
1 = Very Low; 2 = Low; 3 = Medium; 4 = High
- Q27. Has your intimate or sexual relationship been affected because you are sleepy or tired?
- Q28. Has your desire for intimacy or sex been affected because you are sleepy or tired?
- Q29. Has your ability to become sexually aroused been affected because you are sleepy or tired?
- Q30. Has your ability to have an orgasm been affected because you are sleepy or tired?

The FOSQ questions are complete.
Thank you for completing this questionnaire.