Ocean Sleep Medicine

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Date:_			
Patient Name:_		Date of Birth:	
Technician:_			

FUNCTIONAL OUTCOMES of SLEEP QUESTIONNAIRE

FOSQ-10

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.

ENTER N/A - IF QUESTION DOES NOT APPLY.

1 = Yes 2 = Yes, moderate 3 = Yes, a little 4 = No

Q1.	Do you 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 operating a motor vehicle for short distances (less than 100 miles) because you become sleepy?	
Q4.	Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy?	
Q5.	Do you have difficulty visiting your family or friends in their home because you become sleepy or tired?	
Q6.	Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired?	
Q7.	Do you have difficulty watching a movie or video because you become sleepy or tired?	
Q8.	Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?	
Q9.	Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?	
Q10.	Has your mood been affected because you are sleepy or tired?	