



**Mohammad Waseem Kagzi, M.D.**  
*Diplomat American Board of Sleep Medicine*  
*Diplomat American Board of Internal Medicine*

**Saquib M. Ahmed, M.D.**  
*Diplomat American Board of Family Medicine*

---

6440 Grand Avenue Ste. 203  
Gurnee, IL 60031

Ph: 847-855-9700  
Fax: 847-855-8990

## **FUNCTIONAL OUTCOME SLEEP QUESTIONNAIRE**

**NAME:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Sleep Apnea and the Importance of Treatment**

Your sleep specialist has prescribed one of Resperonic's positive airway pressure devices to treat sleep apnea. This common disorder causes disruptive sleep and leads to other serious, potentially life-altering and life-threatening conditions. If left untreated, you may feel tired or sleepy during the day and you have increased risk for:

- ❖ Decreased quality of life
- ❖ High blood pressure
- ❖ Heart disease and heart attack
- ❖ Stroke
- ❖ Fatigue- related motor vehicle and work accidents

### **Functional Outcomes of Sleep Questionnaire (FOSQ) 1**

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 your treatment.

### **Instructions for Completing the Questionnaire**

In this questionnaire, when the words "sleepy" or "tired" are used, it describes 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.

- Q1. Do you generally have difficulty concentrating on the things you do because you are sleepy or tired?  
1                    2                    3                    4
- Q2. Do you generally have difficulty remembering things because you are sleepy or tired?  
1                    2                    3                    4
- Q3. Do you have difficulty finishing a meal because you become sleepy or tired?  
1                    2                    3                    4
- Q4. Do you have difficulty working on a hobby (for example: sewing, collecting, gardening) because you are sleepy or tired?  
0                    1                    2                    3                    4
- 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?  
0                    1                    2                    3                    4
- Q6. Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?  
0                    1                    2                    3                    4
- Q7. Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?  
0                    1                    2                    3                    4
- Q8. Do you have difficulty getting things done because you are sleepy or tired to drive or take public transportation?  
0                    1                    2                    3                    4
- Q9. Do you have difficulty taking care of financial affairs and doing paperwork (for example: writing checks, paying bills, keeping financial records, filing out tax forms, etc.) because you are sleepy or tired?  
0                    1                    2                    3                    4
- Q10. Do you have difficulty performing employed or volunteer work because you are sleepy or tired?  
0                    1                    2                    3                    4
- Q11. Do you have difficulty maintaining a telephone conversation because you become sleepy or tired?  
0                    1                    2                    3                    4

- Q12. Do you have difficulty visiting with your family or friends in your home because you become sleepy or tired?  
0            1            2            3            4
- Q13. Do you have difficulty visiting with your family or friends in their home because you become sleepy or tired?  
0            1            2            3            4
- Q14. Do you have difficulty doing things for your family or friends because you are too sleepy or tired?  
0            1            2            3            4
- Q15. Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired?  
1            2            3            4
- Q16. Do you have difficulty exercising or participating in a sporting activity because you are too sleepy or tired?  
0            1            2            3            4
- Q17. Do you have difficulty watching a movie or videotape because you become sleepy or tired?  
0            1            2            3            4
- Q18. Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired?  
0            1            2            3            4
- Q19. Do you have difficulty enjoying a concert because you become sleepy or tired?  
0            1            2            3            4
- Q20. Do you have difficulty watching television because you are sleepy or tired?  
0            1            2            3            4
- Q21. Do you have difficulty participating in religious services, meetings or a group/club because you are sleepy or tired?  
0            1            2            3            4
- Q22. Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?  
1            2            3            4
- Q23. Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?  
1            2            3            4

- Q24. Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired?  
1                      2                      3                      4
- Q25. Do you have difficulty keeping pace with others your own age because you are sleepy or tired?  
1                      2                      3                      4
- Q26. 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?  
0                      1                      2                      3                      4
- Q28. Has your desire for intimacy or sex been affected because you are sleepy or tired?  
0                      1                      2                      3                      4
- Q29. Has your ability to become sexually aroused been affected because you are sleepy or tired?  
0                      1                      2                      3                      4
- Q30. Has your ability to have an orgasm been affected because you are sleepy or tired?  
0                      1                      2                      3                      4

***Answer Key***

**0 = I don't do this activity for other reasons**

**1 = Yes, extreme**

**2 = Yes, Moderate**

**3 = Yes, a little**

**4 = No**