

**Functional Outcomes of Sleep Questionnaire**

1. Do you generally have difficulty concentrating on the things you do because you are sleepy or tired?
2. Do you generally have difficulty remembering things because you are sleepy or tired?
3. Do you have difficulty finishing a meal because you become sleepy or tired?
4. Do you have difficulty working on a hobby (for example: sewing, collecting, gardening) because you are sleepy or tired?
5. 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?
6. Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?
7. Do you have difficulty operating a motor vehicle for long distance (greater than 100 miles) because you become sleepy or tired?
8. Do you have difficulty getting things done because you are too sleepy or tired to drive or take public transportation?
9. 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?
10. Do you have difficulty performing employed or volunteer work because you are sleepy or tired?
11. Do you have difficulty maintaining a telephone conversation because you become sleepy or tired?
12. Do you have difficulty visiting with your family or friends in your home because you become sleepy or tired?
13. Do you have difficulty visiting with your family or friends in their home because you become sleepy or tired?
14. Do you have difficulty doing things for your family or friends because you are sleepy or tired?

15. For Question 15 answer using only 1, 2, 3 or 4. Has your relationship with family or work colleagues been affected because you are sleepy or tired?
16. Do you have difficulty exercising or participating in a sport activity because you are too sleepy or tired?
17. Do you have difficulty watching a movie or videotape because you become sleepy or tired?
18. Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired?
19. Do you have difficulty enjoying a concert because you become sleepy or tired?
20. Do you have difficulty watching television because you are sleepy or tired?
21. Do you have difficulty participating in religious services, meetings or a group or club because you are sleepy or tired?
22. Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?
23. Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?
24. Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired?
25. Do you have difficulty keeping pace with others your own age because you are sleepy or tired?
26. 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
27. Has your intimate or sexual relationship been affected because you are sleepy or tired?
28. Has your desire for intimacy or sex been affected because you are sleepy or tired?
29. Has your ability to become sexually aroused been affected because you are sleepy or tired?
30. Has your ability to have an orgasm been affected because you are sleepy or tired?