

Participant Number _____ Date _____

Occupational Impact of Sleep Questionnaire

Quality of sleep can influence our ability to perform in the workplace. The following questions relate to ways in which your work performance may have been affected by your sleep **during the past 4 weeks**. Please Indicate (✓) how often each item applied to you. Answer **all** the questions.

During the past 4 weeks, how often did the quality of your sleep make it difficult for you to:

	All of the time	Most of the time	Some of the time	A little bit of the time	Never/Not Applicable
1. Wake up for work on time?					
2. Arrive at work on time?					
3. Work the required number of hours?					
4. Get going easily at the beginning of the workday?					
5. Start on your job as soon as you arrive at work?					
6. Do your work without stopping to take breaks or rests?					
7. Keep working effectively during the afternoon?					
8. Maintain your stamina throughout the day?					
9. Keep to a routine or schedule?					
10. Think clearly when working?					

Please continue over page

During the past 4 weeks, how often did the quality of your sleep make it difficult for you to:

	All of the time	Most of the time	Some of the time	A little bit of the time	Never/Not Applicable
11. Keep your mind on your work?					
12. Do work carefully?					
13. Concentrate on your work?					
14. Work without losing your train of thought?					
15. Easily read or use your eyes when working?					
16. Speak with people in-person, in meetings or on the phone?					
17. Control your temper around people when working?					
18. Help other people to get work done?					
19. Handle the workload?					
20. Work fast enough?					
21. Finish work on time?					
22. Do your work without making mistakes?					
23. Feel you have done what you are capable of doing?					
24. Gain satisfaction from your work?					