

## OSA-18 Quality of Life Survey

### Evaluation of Sleep-Disordered Breathing

Instructions. For each question below, please circle the number that best describes how often each symptom or problem has occurred during the past 4 weeks (or since the last survey if sooner). Thank you.

None of the time	Hardly any of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
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#### **SLEEP DISTURBANCE**

During the past 4 weeks, how often has your child had...

...loud snoring? <span style="border: 1px solid black; padding: 0 2px;">osa1a</span>	1	2	3	4	5	6	7
...breath holding spells or pauses in breathing at night? <span style="border: 1px solid black; padding: 0 2px;">osa1b</span>	1	2	3	4	5	6	7
...choking or gasping sounds while asleep? <span style="border: 1px solid black; padding: 0 2px;">osa1c</span>	1	2	3	4	5	6	7
...restless sleep or frequent awakenings from sleep? <span style="border: 1px solid black; padding: 0 2px;">osa1d</span>	1	2	3	4	5	6	7

#### **PHYSICAL SUFFERING**

During the past 4 weeks, how often has your child had...

...mouth breathing because of nasal obstruction? <span style="border: 1px solid black; padding: 0 2px;">osa2a</span>	1	2	3	4	5	6	7
...frequent colds or upper respiratory infections? <span style="border: 1px solid black; padding: 0 2px;">osa2b</span>	1	2	3	4	5	6	7
...nasal discharge or runny nose? <span style="border: 1px solid black; padding: 0 2px;">osa2c</span>	1	2	3	4	5	6	7
...difficulty in swallowing foods? <span style="border: 1px solid black; padding: 0 2px;">osa2d</span>	1	2	3	4	5	6	7

#### **EMOTIONAL DISTRESS**

During the past 4 weeks, how often has your child had...

...mood swings or temper tantrums? <span style="border: 1px solid black; padding: 0 2px;">osa3a</span>	1	2	3	4	5	6	7
...aggressive or hyperactive behavior? <span style="border: 1px solid black; padding: 0 2px;">osa3b</span>	1	2	3	4	5	6	7
...discipline problems? <span style="border: 1px solid black; padding: 0 2px;">osa3c</span>	1	2	3	4	5	6	7

#### **DAYTIME PROBLEMS**

During the past 4 weeks, how often has your child had...

...excessive daytime drowsiness or sleepiness? <span style="border: 1px solid black; padding: 0 2px;">osa4a</span>	1	2	3	4	5	6	7
...poor attention span or concentration? <span style="border: 1px solid black; padding: 0 2px;">osa4b</span>	1	2	3	4	5	6	7
...difficulty getting out of bed in the morning? <span style="border: 1px solid black; padding: 0 2px;">osa4c</span>	1	2	3	4	5	6	7

#### **CAREGIVER CONCERNS**

During the past 4 weeks, how often have the above problems...

...caused you to worry about your child's general health? <span style="border: 1px solid black; padding: 0 2px;">osa5a</span>	1	2	3	4	5	6	7
...created concern that your child is not getting enough air? <span style="border: 1px solid black; padding: 0 2px;">osa5b</span>	1	2	3	4	5	6	7
...interfered with your ability to perform daily activities? <span style="border: 1px solid black; padding: 0 2px;">osa5c</span>	1	2	3	4	5	6	7
...made you frustrated? <span style="border: 1px solid black; padding: 0 2px;">osa5d</span>	1	2	3	4	5	6	7

OVERALL, HOW WOULD YOU RATE YOUR CHILD'S QUALITY OF LIFE AS A RESULT OF THE ABOVE PROBLEMS?  
(Circle one number) osa6

