OSA-18 QUALITY OF LIFE SURVEY

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. 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**
1. **Sleep disturbance**: During the past 4 weeks, how often has your child had:							
Loud snoring?	1	2	3	4	5	6	7
Breath-holding spells or pauses in breathing at night?	1	2	3	4	5	6	7
Choking or making gasping sounds while asleep?	1	2	3	4	5	6	7
Restless sleep or frequent awakening?	1	2	3	4	5	6	7
2.**Physical symptoms**: During the past 4 weeks, how often has your child had:							
Mouth breathing because of nasal obstruction?	1	2	3	4	5	6	7
Frequent colds or upper respiratory infections?	1	2	3	4	5	6	7
Nasal discharge or runny nose?	1	2	3	4	5	6	7
Difficulty swallowing?	1	2	3	4	5	6	7
3**. Emotional symptoms**: During the past 4 weeks, how often has your child had:							
Mood swings or temper tantrums?	1	2	3	4	5	6	7
Aggressive or hyperactive behavior?	1	2	3	4	5	6	7
Discipline problems?	1	2	3	4	5	6	7
4. **Daytime function**: During the past 4 weeks, how often has your child had:							
Excessive daytime sleepiness?	1	2	3	4	5	6	7
Poor attention span or concentration?	1	2	3	4	5	6	7
Difficulty getting up in the morning?	1	2	3	4	5	6	7
5. **Caregiver concerns**: During the past 4 weeks, how often has your child had:							
Caused you to worry about your child's general health?	1	2	3	4	5	6	7
Created concern that your child is not getting enough air?	1	2	3	4	5	6	7
Interfered with your ability to perform daily activities?	1	2	3	4	5	6	7
Made you frustrated?	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)

Worse possible ☹				Half-way 😐					Best possible ☺
1	2	3	4	5	6	7	8	9	10

Source: Schn H, Rosenfeld RM, Evaluation of sleep-disordered breathing in children. Otorlaryngol Head Neck Surg. March 2003;128 (3): 344-352.
https://choc.org/wp-content/uploads/2020/07/ENT-Patient-Form-OSA-18-ENG.pdf