ID#: __ __ __ __ __ __ Name Code: __ __ __ __ DOV: __ __ - __ __ __ - __ __ __ __
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OSA-18 Quality of Life Survey

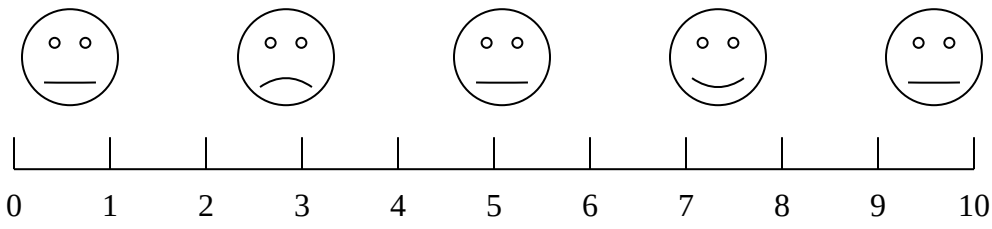
Evaluation of Sleep-Disordered Breathing

Instructions: For each question below, please fill in the circle 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
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 gasping sounds while asleep?	①	②	③	④	⑤	⑥	⑦
…restless sleep or frequent awakenings from sleep?	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?	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 in swallowing foods?	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?	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
DAYTIME PROBLEMS							
During the past *4 weeks*, how often has your child had…							
…excessive daytime drowsiness or sleepiness?	①	②	③	④	⑤	⑥	⑦
…poor attention span or concentration?	①	②	③	④	⑤	⑥	⑦
…difficulty getting out of bed in the morning?	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?	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)



Worst Possible Quality-of-Life

Half-way Between Worst and Best

Best Possible Quality-of-Life

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