

QUALITY OF LIFE SURVEY (OSA-18)

	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:	1	2	3	4	5	6	7
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
	1	2	3	4	5	6	7
Physical Symptoms: During the past 4 weeks, how often has your child had:	1	2	3	4	5	6	7
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
	1	2	3	4	5	6	7
Emotional Symptoms: During the past 4 weeks, how often has your child had:	1	2	3	4	5	6	7
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
	1	2	3	4	5	6	7
Daytime Function: During the past 4 weeks, how often has your child had:	1	2	3	4	5	6	7
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
	1	2	3	4	5	6	7
Caregiver Concerns: During the past 4 weeks, how often has your child had:	1	2	3	4	5	6	7
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
<p>Total Score: _____</p> <p>0-60 = Small impact on health-related quality of life 60-80 = Moderate impact on health-related quality of life 80+ = Severe impact on health-related quality of life</p>							