

Name: _____

Date: _____

SLEEP APNEA QUALITY OF LIFE INDEX (SAQLI)

We would like to understand the impact that sleep apnea and/or snoring have had on your daily activities, emotions, social interactions, and about symptoms that may have resulted.

1. How much have you had to push yourself to remain alert during a typical day (e.g. work, school, childcare, housework?)

- not at all
- a small amount
- a small to moderate amount
- a moderate amount
- a moderate to large amount
- a large amount
- a very large amount

2. How often have you had to use all your energy to accomplish your most important activity (e.g. work, school, childcare, housework?)

- never
- a small amount of the time
- a small to moderate amount of the time
- a moderate amount of the time
- a moderate to large amount of the time
- a large amount of the time
- a very large amount of the time

3. How much difficulty have you had finding the energy to do other activities (e.g. exercise, relaxing activities?)

- no difficulty
- a small amount
- a small to moderate amount
- a moderate amount
- a moderate to large amount
- a large amount
- a very large amount

4. How much difficulty have you had fighting to stay awake?

- no difficulty
- a small amount
- a small to moderate amount
- a moderate amount
- a moderate to large amount
- a large amount
- a very large amount

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5. How much of a problem has it been to be told that your snoring is irritating?

- no problem
- a small problem
- a small to moderate problem
- a moderate problem
- a moderate to large problem
- a large problem
- a very large problem

6. How much of a problem have frequent conflicts or arguments been?

- no difficulty
- a small amount
- a small to moderate amount
- a moderate amount
- a moderate to large amount
- a large amount
- a very large amount

7. How often have you looked for excuses for being tired?

- never
- a small amount of the time
- a small to moderate amount of the time
- a moderate amount of the time
- a moderate to large amount of the time
- a large amount of the time
- a very large amount of the time

8. How often have you not wanted to do things with your family and/or friends?

- never
- a small amount of the time
- a small to moderate amount of the time
- a moderate amount of the time
- a moderate to large amount of the time
- a large amount of the time
- a very large amount of the time

9. How often have you felt depressed, down, or hopeless?

- never
- a small amount of the time
- a small to moderate amount of the time
- a moderate amount of the time
- a moderate to large amount of the time
- a large amount of the time
- a very large amount of the time

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10. How often have you been impatient?

- never
- a small amount of the time
- a small to moderate amount of the time
- a moderate amount of the time
- a moderate to large amount of the time
- a large amount of the time
- a very large amount of the time

11. How much of a problem has it been to cope with everyday issues?

- no problem
- a small problem
- a small to moderate problem
- a moderate problem
- a moderate to large problem
- a large problem
- a very large problem

12. How much of a problem have you had with decreased energy?

- no problem
- a small problem
- a small to moderate problem
- a moderate problem
- a moderate to large problem
- a large problem
- a very large problem

13. How much of a problem have you had with fatigue?

- no problem
- a small problem
- a small to moderate problem
- a moderate problem
- a moderate to large problem
- a large problem
- a very large problem

14. How much of a problem have you had waking up feeling unrefreshed?

- no problem
- a small problem
- a small to moderate problem
- a moderate problem
- a moderate to large problem
- a large problem
- a very large problem