

Pulmonary and Sleep Associates of Marin



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OSA-18 Questionnaire

The OSA-18 is a disease-specific screening tool for early diagnosis of obstructive sleep apnea in children, and it has been validated to evaluate the *quality of life* before and after treatment.

Instructions:

This questionnaire should be filled out by the child's parent/caregiver. For each question below, select the option that best describes how often the symptom or problem has occurred during the past 4 weeks (or since the last survey if sooner).

Rating Scale:

- | | |
|----------------------------|----------------------------|
| 1 = None of the time | 5 = A good bit of the time |
| 2 = Hardly any of the time | 6 = Most of the time |
| 3 = A little of the time | 7 = All of the time |
| 4 = Some of the time | |

Section 1: Sleep Disturbance

During the past 4 weeks, how often has your child had the following symptoms?

- 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

Section 2: Physical Suffering

During the past 4 weeks, how often has your child had the following symptoms?

- Mouth breathing due to 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 1 2 3 4 5 6 7

Section 3: Emotional Symptoms

During the past 4 weeks, how often has your child had the following symptoms?

9. Mood swings or temper tantrums 1 2 3 4 5 6 7
10. Aggressive or hyperactive behavior 1 2 3 4 5 6 7
11. Discipline problems 1 2 3 4 5 6 7

Section 4: Daytime Function

During the past 4 weeks, how often has your child had the following symptoms?

12. Excessive daytime drowsiness or sleepiness 1 2 3 4 5 6 7
13. Poor attention span or concentration 1 2 3 4 5 6 7
14. Difficulty getting out of bed in the morning 1 2 3 4 5 6 7

Section 5: Caregiver Concerns

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

15. Caused you to worry about your child's general health 1 2 3 4 5 6 7
16. Created concern that your child is not getting enough air 1 2 3 4 5 6 7
17. Interfered with your ability to perform daily activities 1 2 3 4 5 6 7
18. Made you frustrated 1 2 3 4 5 6 7

Total Score

Please write the total score from all sections below:

Total Score: []

Interpretating the score

Use the table below to interpret the total score, and discuss with your medical provider.

18-36: Normal

37-60: Mild risk of Obstructive Sleep Apnea (OSA)

61-80: Moderate risk of OSA

81-126: Severe risk of OSA

Reference:

Roland D Franco, *Otolaryngology Head Neck Surg.* 2000;123(1):9-16. doi: 10.1067/mhn.2000.105254