

## | Calgary Sleep Apnea Quality of Life Index (SAQLI)

### **Instructions**

This questionnaire has been designed to find out how you have been doing and feeling over the last 4 weeks. You will be questioned about the impact that sleep apnea and/or snoring may have had on your daily activities, your emotional functioning, and your social interactions, and about any symptoms they might have caused.

## A. Daily Functioning

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### I. Most important daily activity.

With regard to performing your most important, usual daily activity (e.g., work, school, child care, housework, etc.) during the previous 4 week:

① How much have you had to force yourself to do this activity?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time                           | <input type="checkbox"/> 5 A small to moderate amount of the time |
| <input type="checkbox"/> 2 A large amount of the time             | <input type="checkbox"/> 6 A small amount of the time             |
| <input type="checkbox"/> 3 A moderate to large amount of the time | <input type="checkbox"/> 7 Not at all                             |
| <input type="checkbox"/> 4 A moderate amount of the time          |   |

② How much of the time have you had to push yourself to remain alert while performing this activity?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time                           | <input type="checkbox"/> 5 A small to moderate amount of the time |
| <input type="checkbox"/> 2 A large amount of the time             | <input type="checkbox"/> 6 A small amount of the time             |
| <input type="checkbox"/> 3 A moderate to large amount of the time | <input type="checkbox"/> 7 Not at all                             |
| <input type="checkbox"/> 4 A moderate amount of the time          |   |

③ How often have you adjusted your schedule to avoid this activity because you felt that you would be unable to remain alert while doing it?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time                           | <input type="checkbox"/> 5 A small to moderate amount of the time |
| <input type="checkbox"/> 2 A large amount of the time             | <input type="checkbox"/> 6 A small amount of the time             |
| <input type="checkbox"/> 3 A moderate to large amount of the time | <input type="checkbox"/> 7 Not at all                             |
| <input type="checkbox"/> 4 A moderate amount of the time          |   |

④ How often do you use all of your energy to accomplish only this activity?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time                           | <input type="checkbox"/> 5 A small to moderate amount of the time |
| <input type="checkbox"/> 2 A large amount of the time             | <input type="checkbox"/> 6 A small amount of the time             |
| <input type="checkbox"/> 3 A moderate to large amount of the time | <input type="checkbox"/> 7 Not at all                             |
| <input type="checkbox"/> 4 A moderate amount of the time          |   |

## A. Daily Functioning

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### II. Secondary activities.

With regard to activities other than your most important daily activity during the previous 4 week:

5 How much difficulty have you had finding the energy to exercise and/or do activities that you find relaxing (leisure activities)?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

6 How much difficulty have you had finding the time for activities that you find relaxing?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

7 How much difficulty have you had with your ability to do exercise and/or activities that you find relaxing?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

8 How much difficulty have you had getting chores done around the place where you live?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

## A. Daily Functioning

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### III. General functioning

During the previous 4 week:

9 How much difficulty have you had with trying to remember things?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

10 How much difficulty have you had with trying to concentrate?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

11 How much of a problem have you had with having to fight to stay awake?

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

## B. Social Interactions

The following questions pertain to how your relationship with your partner, other household members, relatives, and/or close friends have been during the previous 4 weeks. If you have not interacted with a partner, etc. in the previous 4 weeks, please try to work out how your relationship might have been with these people.

① How upset have you been about being told that your snoring was bothersome or irritating?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

② How upset have you been about having to (or possibly having to) sleep in separate bedrooms from your partner?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

③ How upset have you been as a result of frequent conflicts or arguments?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

④ How aware have you been of not wanting to talk to other people?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

⑤ How much concern have you had about the need to make special sleeping arrangements if you were traveling and/or staying with someone?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

6) How guilty have you felt about your relationship with family members or close personal friends?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

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

1 All the time

5 A small to moderate amount of the time

2 A large amount of the time

6 A small amount of the time

3 A moderate to large amount of the time

7 Not at all

4 A moderate amount of the time

8) How often have you experienced wanting to be left alone?

1 All the time

5 A small to moderate amount of the time

2 A large amount of the time

6 A small amount of the time

3 A moderate to large amount of the time

7 Not at all

4 A moderate amount of the time

9) How often have you felt like not wanting to do things together with your partner, children, and/or friends?

1 A very large amount

5 A small to moderate amount

2 A large amount

6 A small amount

3 A moderate to large amount

7 None

4 A moderate amount

10) How much of a problem have you felt there is with your relationship to the person who is closest to you?

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

11) How much of a problem have you had from not being involved in family activities?

- |                               |                               |
|-------------------------------|-------------------------------|
| 1 A very large problem        | 5 A small to moderate problem |
| 2 A large problem             | 6 A small problem             |
| 3 A moderate to large problem | 7 No problem                  |
| 4 A moderate problem          |                               |

12) How much of a problem have you had with inadequate and/or infrequent sexual intimacy?

- |                               |                               |
|-------------------------------|-------------------------------|
| 1 A very large problem        | 5 A small to moderate problem |
| 2 A large problem             | 6 A small problem             |
| 3 A moderate to large problem | 7 No problem                  |
| 4 A moderate problem          |                               |

13) How much of a problem have you had with a lack of interest in being around other people?

- |                               |                               |
|-------------------------------|-------------------------------|
| 1 A very large problem        | 5 A small to moderate problem |
| 2 A large problem             | 6 A small problem             |
| 3 A moderate to large problem | 7 No problem                  |
| 4 A moderate problem          |                               |

### C. Emotional Functioning

With respect to how you have been feeling inside during the previous 4 weeks:

1) How often have you been feeling depressed, down, and/or hopeless?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |

2) How often have you been feeling anxious or fearful about what was wrong?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |

3 How often have you been feeling frustrated?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |

4 How often have you been feeling irritable and/or moody?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |

5 How often have you been feeling impatient?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |

6 How often have you been feeling that you are being unreasonable?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |

7 How often have you been getting easily upset?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |

8 How often have you experienced a tendency to become angry?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |



9 How often have you been feeling like you were unable to cope with everyday issues?

- |  |  |
|--|--|
| 1 All the time                           | 5 A small to moderate amount of the time |
| 2 A large amount of the time             | 6 A small amount of the time             |
| 3 A moderate to large amount of the time | 7 Not at all                             |
| 4 A moderate amount of the time          |  |

10 How much of a problem have you had with inadequate and/or infrequent sexual intimacy?

- |                               |                               |
|-------------------------------|-------------------------------|
| 1 A very large problem        | 5 A small to moderate problem |
| 2 A large problem             | 6 A small problem             |
| 3 A moderate to large problem | 7 No problem                  |
| 4 A moderate problem          |                               |

11 How much of a problem have you had with a lack of interest in being around other people?

- |                               |                               |
|-------------------------------|-------------------------------|
| 1 A very large problem        | 5 A small to moderate problem |
| 2 A large problem             | 6 A small problem             |
| 3 A moderate to large problem | 7 No problem                  |
| 4 A moderate problem          |                               |

## D. Symptoms

Below is a list of symptoms that some people with sleep apnea and/or who snore may experience. As each symptom is read, please indicate whether it has been a problem or not (answer yes or no). Circle those symptoms that you have experienced during the previous 4 weeks.

Once the list is finished please write down additional symptoms in the blankspaces you may have had that are not included in the list below. Next select the five most important symptoms you have experienced. For each of the five symptoms please identify how much of a problem it has been.

1 Decreased energy

- |                               |                               |
|-------------------------------|-------------------------------|
| 1 A very large problem        | 5 A small to moderate problem |
| 2 A large problem             | 6 A small problem             |
| 3 A moderate to large problem | 7 No problem                  |
| 4 A moderate problem          |                               |

② Excessive fatigue

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

③ Feeling that ordinary activities require an extra effort to perform or complete

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

④ Falling asleep at inappropriate times or places

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

⑤ Falling asleep if not stimulated or active

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

⑥ Difficulty with a dry or sore mouth/throat upon awakening

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

⑦ Waking up often (more than twice) during the night

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

8 Difficulty returning to sleep if you wake up in the night

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

9 Concern about the times you stop breathing at night

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

10 Waking up at night feeling like you were choking

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

11 Waking up in the morning with a headache

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

12 Waking up in the morning feeling unrefreshed and/or tired

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

13 Waking up more than once per night to urinate

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

14 A feeling that your sleep is restless

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

15 Difficulty staying awake while reading

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

16 Difficulty staying awake while trying to carry on a conversation

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

17 Difficulty staying awake while trying to watch something (concert, movie, TV)

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

18 Fighting the urge to fall asleep while driving

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

19 A reluctance or inability to drive for > 1h

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

20) Concern regarding close calls while driving due to your inability to remain alert

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

21) Concern regarding your or other's safety when you're operating a motor vehicle or machinery

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

22) Other symptoms :

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

23) Other symptoms :

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

## E. Treatment-related Symptoms

If you haven't had some type of therapy for sleep apnea and/or snoring leave this section blank.

Below is a list of symptoms that some people who have been treated for sleep apnea and/or snoring may experience. As each symptom is read please indicate whether it has been a problem or not (answer yes or no). Circle those symptoms that you have experienced during the previous 4 weeks.

Once the list is finished please write down any symptoms in the blank spaces you may have had that are not included in the list below. Next select the five most important symptoms you have experienced. For each of the five symptoms please identify how much of a problem it has been.

### ① Runny nose

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

### ② Stuffed or congested or blocked nose

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

### ③ Excessive dryness of the nose or throat passages, especially upon awakening

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

### ④ Soreness in the nose or throat passages

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

5 Headaches

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

6 Eye irritation

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

7 Ear pain

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

8 Waking up frequently during the night

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

9 Difficulty returning to sleep if you awaken

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

10 Air leakage from the nasal mask

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

11 Discomfort from the nasal mask

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

12 Marks or rash on your face

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

13 Complaints from your partner about the noise of the CPAP machine

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

14 Having fluid/food pass into your nose when you swallow

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

15 A change in how your voice sounds

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

16 Pain in the throat when swallowing

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem



17 Pain or aching in your jaw joint or jaw muscle

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

18 Feeling self conscious

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

19 Aching in your teeth that lasts at least an hour

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

20 Discomfort, aching, or tenderness of your gums

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

21 Hardship in being able to pay for the treatment

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

22 A sense of suffocation

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

23 Excessive salivation

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

24 Difficulty chewing in the morning

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

25 Difficulty chewing with your back teeth that persists most of the day

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

26 Movement of the teeth so that the upper and lower teeth no longer meet properly

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

27 Other symptoms :

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

28 Other symptoms :

1 A very large problem

5 A small to moderate problem

2 A large problem

6 A small problem

3 A moderate to large problem

7 No problem

4 A moderate problem

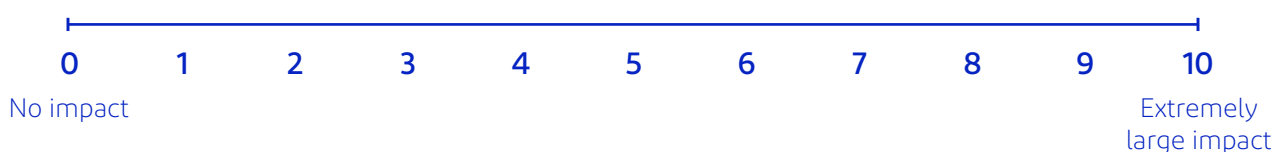
## F. Impact

Complete this section only if you have completed section E above.

### I. Please think of the questions in Sections A, B, C, and D.

Having been treated for your sleep apnea and/or snoring, do you believe that overall there has been an improvement in your quality of life since you started treatment? If yes, how much of an impact on your quality of life has there been as reflected by the questions asked in Sections A, B, C, and D?

Place a mark on the line.



### II. Please think of the symptoms that developed as a result of being treated for sleep apnea and/or snoring that you highlighted in Section E. How much of an impact on your quality of life have these symptoms had?



### Guidelines for Scoring/Interpretation

To obtain mean scores for Domains A through D, the **total score** of **each domain** should be **divided** by the total number of **questions answered**. When the SAQLI is administered after a therapeutic intervention, allowance has been made for the possibility that the treatment, even if it is "successful" may have some independent negative consequences on a patient's quality of life.

The scores from Domain E (Treatment-related Symptoms), are dealt with in a manner different from that of the other four domains. First the scores require recoding (7 to 0, 6 to 1, 5 to 2, 4 to 3, 3 to 4, 2 to 5, and 1 to 6). For Domain E, the mean recoded score is obtained by dividing the total score by 5 (regardless of how many symptoms were identified).

Next, the mean value of the recoded scores needs to be weighted according to the impact of the treatment-related symptoms on quality of life in comparison with the impact of

the improvement of Domains A through D. Weighting is accomplished by dividing the impact score for Domain E (a number from 0 to 10) by the impact score for Domains A through D (Section F of the SAQLI). If this quotient exceeds 1, the result should be reduced so that the weighting factor never exceeds 1. The mean recoded score from Domain E is multiplied by the weighting factor, and it is this product that should be subtracted from the sum of the mean scores from Domains A, B, C, and D.

To obtain the final SAQLI score, the sum of the mean domain scores A, B, C, and D is divided by 4. If Domain E has been used after a therapeutic intervention, the SAQLI score is obtained by summing the mean domain scores A, B, C, and D, subtracting the mean recoded Domain E score (that has been adjusted by the weighting factor described above) and dividing by 4.