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Name:		
	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.

WRITE down the most appropriate number for each situation, using the following scale?

	1	2	3	4	5	6	7	
4								-
	Very large	Large	Moderate-Large	Moderate	Small-Moderate	Small	Not at all	

Situation	Number
1. How much have you had to push yourself to remain alert during a typical day (e.g. work, school, childcare, housework)?	
2. How often have you had to use all your energy to accomplish your most important activity (e.g. work, school, childcare, housework)?	
3. How much difficulty have you had finding the energy to do other activities (e.g. exercise, relaxing activities)?	
4. How much difficulty have you had fighting to stay awake?	
5. How much of a problem has it been to be told that your snoring is irritating?	
6. How much of a problem have frequent conflicts or arguments been?	
7. How often have you looked for excuses for being tired?	
8. How often have you not wanted to do things with your family and/or friends?	
9. How often have you felt depressed, down, or hopeless?	
10. How often have you been impatient?	
11. How much of a problem has it been to cope with everyday issues?	
12. How much of a problem have you had with decreased energy?	
13. How much of a problem have you had with fatigue?	
14. How much of a problem have you had waking up feeling un-refreshed?	

SAQLI Score: \_\_\_\_\_ (Office use only)