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OSA-18 Parent/Caregiver Questionnaire

Childhood sleep-disordered breathing and quality of life

This questionnaire asks how your child's sleep and breathing symptoms have affected everyday life during the past 4 weeks.

Child's name: _____

Date of birth: _____

Completed by / relationship: _____

Date completed: _____

How to complete it

For each statement, tick one box from 1 to 7. Choose the answer that best reflects your child's usual experience over the past 4 weeks. If completing it after treatment, use the same time period and answer based on how your child is now.

1	2	3	4	5	6	7
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...?	1	2	3	4	5	6	7
1. Snored loudly	☐	☐	☐	☐	☐	☐	☐
2. Had breath-holding spells or pauses in breathing during sleep	☐	☐	☐	☐	☐	☐	☐
3. Made choking or gasping sounds while asleep	☐	☐	☐	☐	☐	☐	☐
4. Had restless sleep or woke frequently	☐	☐	☐	☐	☐	☐	☐

Physical symptoms

During the past 4 weeks, how often has your child...?	1	2	3	4	5	6	7
5. Breathed through the mouth because the nose felt blocked	☐	☐	☐	☐	☐	☐	☐
6. Had frequent colds or upper respiratory infections	☐	☐	☐	☐	☐	☐	☐
7. Had nasal discharge or a runny nose	☐	☐	☐	☐	☐	☐	☐
8. Had difficulty swallowing	☐	☐	☐	☐	☐	☐	☐

OSA-18 Questionnaire – Continued

Emotional symptoms

During the past 4 weeks, how often has your child...?	1	2	3	4	5	6	7
9. Had mood swings or temper tantrums	☐	☐	☐	☐	☐	☐	☐
10. Behaved aggressively or seemed unusually hyperactive	☐	☐	☐	☐	☐	☐	☐
11. Had discipline or behaviour problems	☐	☐	☐	☐	☐	☐	☐

Daytime function

During the past 4 weeks, how often has your child...?	1	2	3	4	5	6	7
12. Was excessively drowsy or sleepy during the day	☐	☐	☐	☐	☐	☐	☐
13. Had a poor attention span or difficulty concentrating	☐	☐	☐	☐	☐	☐	☐
14. Had difficulty getting out of bed in the morning	☐	☐	☐	☐	☐	☐	☐

Caregiver concerns

During the past 4 weeks, how often have your child's sleep and breathing problems...

During the past 4 weeks, how often has your child...?	1	2	3	4	5	6	7
15. Caused you to worry about your child's general health	☐	☐	☐	☐	☐	☐	☐
16. Made you concerned that your child was not getting enough air	☐	☐	☐	☐	☐	☐	☐
17. Interfered with your ability to carry out everyday activities	☐	☐	☐	☐	☐	☐	☐
18. Made you feel frustrated	☐	☐	☐	☐	☐	☐	☐

Calculate the total

Add the score selected for all 18 questions. The lowest possible score is 18 and the highest is 126. A higher score means a greater effect on your child's and family's quality of life.

OSA-18 total score _____ **/ 126**

Please bring this completed form to your appointment.

Understanding the OSA-18 Score

A guide for parents and carers

The OSA-18 measures the impact of sleep-disordered breathing on quality of life. It does not diagnose obstructive sleep apnoea or replace a clinical assessment or sleep study.

Traditional quality-of-life impact bands

Total score	Impact on quality of life	What it means
18-59	**Small**	Symptoms are having a lower reported impact.
60-79	**Moderate**	Symptoms are having a noticeable impact.
80-126	**Large**	Symptoms are having a substantial reported impact.

What the 2022 study found

Researchers compared the OSA-18 and Pediatric Sleep Questionnaire in children being assessed for adenotonsillectomy. They also used a control group to work out how much natural variation could occur without surgery. Children with higher pre-operative OSA-18 scores generally had larger improvements after surgery, and OSA-18 was the more consistent predictor of change in quality of life.

A pre-operative OSA-18 score above 46 was associated with a 93% chance of a meaningful improvement in quality of life after adenotonsillectomy in this study.

How to use the 46-point threshold

- Above 46: the study suggests a high likelihood that quality of life will improve meaningfully after adenotonsillectomy, when surgery is otherwise clinically appropriate.
- 46 or below: this does not rule out obstructive sleep apnoea and does not mean treatment cannot help.
- The score should be interpreted alongside the child's symptoms, examination, medical history and, where indicated, sleep testing.
- A high score reflects greater quality-of-life burden; it does not necessarily indicate more severe OSA on a sleep study.

The 46-point threshold predicts the likelihood of improvement in the study population. It is not a guarantee of benefit and should not be used as the sole reason to recommend or decline surgery.

Tracking Change After Treatment

Complete the OSA-18 again using the same 4-week recall period

Improvement is shown by a lower follow-up score. The larger the fall in score, the greater the parent-reported improvement in quality of life.

Score comparison

Domain	Maximum	Before treatment	Follow-up	Improvement*
Sleep disturbance (1-4)	28	_____	_____	_____
Physical symptoms (5-8)	28	_____	_____	_____
Emotional symptoms (9-11)	21	_____	_____	_____
Daytime function (12-14)	21	_____	_____	_____
Caregiver concerns (15-18)	28	_____	_____	_____
TOTAL OSA-18	**126**	_____	_____	_____

** Improvement = before-treatment score minus follow-up score. A positive number means the reported quality-of-life burden has reduced.*

Follow-up details

Treatment / procedure: _____ **Treatment date:** _____

First follow-up date: _____ **OSA-18 total:** _____

Later follow-up date: _____ **OSA-18 total:** _____

Important note

OSA-18 is a quality-of-life measure, not a diagnostic test. Please discuss persistent snoring, breathing pauses, restless sleep, behavioural concerns or daytime sleepiness with your child's treating clinician, even if the score is low.

Evidence: Patel D, Haszard JJ, Kee R, et al. Can sleep questionnaires predict adenotonsillectomy outcome for children with sleep disordered breathing? International Journal of Pediatric Otorhinolaryngology. 2022;153:111001. doi:10.1016/j.ijporl.2021.111001. OSA-18 developed by Franco RA Jr, Rosenfeld RM and Rao M (2000).