Calgary SAQLI: Part 1
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | **Time Point** | **Staff ID** | **Site ID**

Name Code | **Date Completed** ___ / ___ / ___

Directions: Please use dark marks. Fill bubbles completely. Example: ●Yes ○No

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

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 weeks:

Yellow Card:

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

1. How much have you had to force yourself to do this activity?
   ○1 ○2 ○3 ○4 ○5 ○6 ○7
2. How much of the time have you had to push yourself to remain alert while performing this activity?
   ○1 ○2 ○3 ○4 ○5 ○6 ○7
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?
   ○1 ○2 ○3 ○4 ○5 ○6 ○7
4. How often do you use all of your energy to accomplish only this activity?
   ○1 ○2 ○3 ○4 ○5 ○6 ○7

Calgary SAQLI: Part 1
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | | | | | **Time Point** | | **Site ID** | |

II. Secondary activities. With regard to activities other than your most important daily activity during the previous 4 weeks:

Green Card:

1 = A very large amount
2 = A large amount
3 = A moderate to large amount
4 = A moderate amount
5 = A small to moderate amount
6 = A small amount
7 = None

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

III. General functioning. During the previous 4 weeks:

Green Card:

1 = A very large amount
2 = A large amount
3 = A moderate to large amount
4 = A moderate amount
5 = A small to moderate amount
6 = A small amount
7 = None

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

Red Card:

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

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

Calgary SAQLI: Part 1
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | | | | | Time Point | | | Site ID | | |

B. Social Interactions

The following questions pertain to how your relationships 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 relationships might have been with these people.

Green Card:

1 = A very large amount
2 = A large amount
3 = A moderate to large amount
4 = A moderate amount
5 = A small to moderate amount
6 = A small amount
7 = None

1. How upset have you been about being told that your snoring was bothersome or irritating?
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7
2. How upset have you been about having to (or possibly having to) sleep in separate bedrooms from your partner?
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7
3. How upset have you been as a result of frequent conflicts or arguments?
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7
4. How aware have you been of not wanting to talk to other people?
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7
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 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7
6. How guilty have you felt about your relationship with family members or close personal friends?
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

Yellow Card:

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

7. How often have you looked for excuses for being tired?
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7
8. How often have you experienced wanting to be left alone?
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7
9. How often have you felt like not wanting to do things together with your partner, children, and/or friends?
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

Calgary SAQLI: Part 1
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | | | | | Time Point | | | Site ID | | |

B. Social Interactions (Continued)

Red Card:

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

10. How much of a problem have you felt there is with your relationship to the person who is closest to you?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

11. How much of a problem have you had from not being involved in family activities?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

12. How much of a problem have you had with inadequate and/or infrequent sexual intimacy?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

13. How much of a problem have you had with a lack of interest in being around other people?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

C. Emotional Functioning

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

Yellow Card:

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

1. How often have you been feeling depressed, down, and/or hopeless?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

2. How often have you been feeling anxious or fearful about what was wrong?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

3. How often have you been feeling frustrated?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

4. How often have you been feeling irritable and/or moody?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

5. How often have you been feeling impatient?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

6. How often have you been feeling that you are being unreasonable?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

Calgary SAQLI: Part 1
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | | | | | **Time Point** | | **Site ID** | |

C. Emotional Functioning (Continued)

Yellow Card:

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

7. How often have you been getting easily upset?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

8. How often have you experienced a tendency to become angry?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

9. How often have you been feeling like you were unable to cope with everyday issues?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

Green Card:

1 = A very large amount
2 = A large amount
3 = A moderate to large amount
4 = A moderate amount
5 = A small to moderate amount
6 = A small amount
7 = None

10. How concerned have you been about your weight?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

11. How concerned have you been about heart problems (heart attacks or heart failure) and/or premature death?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7

Calgary SAQLI: Part 1
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | | | | | **Time Point** | | **Site ID** | |

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). Next, indicate if you have experienced those symptoms during the previous 4 weeks. Once the list is finished, please tell me any additional symptoms 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.

		Past 4 Weeks?	
1.	Decreased energy	○ Yes	○ No
2.	Excessive fatigue	○ Yes	○ No
3.	Feeling that ordinary activities require an extra effort to perform or complete	○ Yes	○ No
4.	Falling asleep at inappropriate times or places	○ Yes	○ No
5.	Falling asleep if not stimulated or active	○ Yes	○ No
6.	Difficulty with a dry or sore mouth/throat upon awakening	○ Yes	○ No
7.	Waking up often (more than twice) during the night	○ Yes	○ No
8.	Difficulty returning to sleep if you wake up in the night	○ Yes	○ No
9.	Concern about the times you stop breathing at night	○ Yes	○ No
10.	Waking up at night feeling like you were choking	○ Yes	○ No
11.	Waking up in the morning with a headache	○ Yes	○ No
12.	Waking up in the morning feeling unrefreshed and/or tired	○ Yes	○ No
13.	Waking up more than once per night to urinate	○ Yes	○ No
14.	A feeling that your sleep is restless	○ Yes	○ No
15.	Difficulty staying awake while reading	○ Yes	○ No
16.	Difficulty staying awake while trying to carry on a conversation	○ Yes	○ No
17.	Difficulty staying awake while trying to watch something (concert, movie, TV)	○ Yes	○ No
18.	Fighting the urge to fall asleep while driving	○ Yes	○ No
19.	A reluctance or inability to drive for more than 1 hour	○ Yes	○ No
20.	Concern regarding close calls while driving due to your inability to remain alert	○ Yes	○ No

Calgary SAQLI: Part 1
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID ☐☐☐☐ **Time Point** ☐☐ **Site ID** ☐☐

D. Symptoms (Continued)

		Past 4 Weeks?	
21.	Concern regarding your or other's safety when you're operating a motor vehicle or machinery	○ Yes	○ No
22.	Other 1, Specify _____	○ Yes	○ No
23.	Other 2, Specify _____	○ Yes	○ No

Five most important symptoms you have experienced (use numbers from above):

Red Card:
1 = A very large problem
2 = A large problem
3 = A moderate to large problem
4 = A moderate problem
5 = A small to moderate problem
6 = A small problem
7 = No problem

	Symptom	How much of a problem has it been?						
1.	☐☐	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7
2.	☐☐	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7
3.	☐☐	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7
4.	☐☐	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7
5.	☐☐	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7

Note to Interviewer:

Baseline: End of Calgary SAQLI Part 1

Months 1 and 3: Continue with Part 2 of the Calgary SAQLI (sections E and F)

PI Initials: ☐☐☐ **PI Review Date:** ☐☐/☐☐/☐☐

Calgary SAQLI: Part 2
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | **Time Point** | **Staff ID** | **Site ID**

Name Code | **Date Completed** ___ / ___ / ___

Directions: Please use dark marks. Fill bubbles completely. Example: ●Yes ○No

E. Treatment-Related Symptoms

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). Next, indicate if you have experienced those symptoms during the previous 4 weeks. Once the list is finished, please tell me any additional symptoms 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.

		Past 4 Weeks?	
1.	Runny nose	○ Yes	○ No
2.	Stuffed or congested or blocked nose	○ Yes	○ No
3.	Excessive dryness of the nose or throat passages, especially upon awakening	○ Yes	○ No
4.	Soreness in the nose or throat passages	○ Yes	○ No
5.	Headaches	○ Yes	○ No
6.	Eye irritation	○ Yes	○ No
7.	Ear pain	○ Yes	○ No
8.	Waking up frequently during the night	○ Yes	○ No
9.	Difficulty returning to sleep if you awaken	○ Yes	○ No
10.	Air leakage from the nasal mask	○ Yes	○ No
11.	Discomfort from the nasal mask	○ Yes	○ No
12.	Marks or rash on your face	○ Yes	○ No
13.	Complaints from your partner about the noise of the CPAP machine	○ Yes	○ No
14.	Having fluid/food pass into your nose when you swallow	○ Yes	○ No
15.	A change in how your voice sounds	○ Yes	○ No
16.	Pain in the throat when swallowing	○ Yes	○ No
17.	Pain or aching in your jaw joint or jaw muscles	○ Yes	○ No
18.	Feeling self conscious	○ Yes	○ No

Reviewer ID: | **Review Date:** ___ / ___ / ___

Calgary SAQLI: Part 2
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | | | | | **Time Point** | | **Site ID** | |

E. Treatment-related Symptoms

		Past 4 Weeks?	
19.	Aching in your teeth that lasts at least an hour	○ Yes	○ No
20.	Discomfort, aching, or tenderness of your gums	○ Yes	○ No
21.	Hardship in being able to pay for the treatment	○ Yes	○ No
22.	A sense of suffocation	○ Yes	○ No
23.	Excessive salivation	○ Yes	○ No
24.	Difficulty chewing in the morning	○ Yes	○ No
25.	Difficulty chewing with your back teeth that persists most of the day	○ Yes	○ No
26.	Movement of the teeth so that the upper and lower teeth no longer meet properly	○ Yes	○ No
27.	Other 1, Specify _____	○ Yes	○ No
28.	Other 2, Specify _____	○ Yes	○ No

Five most important symptoms you have experienced (use numbers from above):

Red Card:

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

	Symptom	How much of a problem has it been?						
1.		○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7
2.		○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7
3.		○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7
4.		○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7
5.		○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7

Calgary SAQLI: Part 2
Calgary Sleep Apnea Quality of Life Index
(Staff)

Study ID | | | | | **Time Point** | | | **Site ID** | |

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. Fill in the Bubble.

Scale:

○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10
(no impact)										(extremely large impact)

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?

Scale:

○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10
(no impact)										(extremely large impact)