**Purpose** Designed to evaluate sleep-related quality of life in patients with sleep-disordered breathing (SDB), the SOS consists of 8 items relating to the intensity, duration, frequency, and impact of SDB symptoms—specifically snoring. An additional, three-item measure called the Spouse/Bed Partner Survey is also included with the scale and can be administered to gain an alternative perspective on snoring habits. The instrument may be useful in both research and clinical settings as a tool for assessing changes in quality of life.

**Population for Testing** The scale has been validated with SDB patients: Mean age was 46.2 ± 11.6 years.

**Administration** Respondents use pencil and paper to provide self-report answers. The scale requires approximately 5 min for completion.

**Reliability and Validity** During scale development, researchers Gliklich and Wang [1] found a test-retest reliability of .86 and an internal consistency of .85. Results on the scale also correlated highly with several previously validated measures: the Epworth Sleepiness Scale, the SF-36, and the Pittsburgh Sleep Quality Index.

**Obtaining a Copy** An example of the scale’s questions can be found in the original article published by developers [1]. All permissions to use this scale must be forwarded to Outcome Sciences, Inc., Cambridge MA.

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**Scoring** Respondents use several Likert-type scales to answer questions regarding their snoring, with lower scores indicating more acute problems with SDB. Scores are normalized on a scale from 0 to 100.
Snore Outcomes Survey (SOS)

1. In the past 4 weeks, when you have been asleep, to the best of your knowledge do you snore?
   - All the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Don’t know

2. In the past 4 weeks, how would you describe your snoring or how has it been describe to you?
   - None
   - Mild
   - Moderate
   - Severe
   - Very severe
   - Don’t Know

3. My snoring wakes me from sleep and/or makes me tired the next day.
   - Definitely true
   - Somewhat true
   - Don’t Know
   - False
   - Definitely false

4. During the past 4 weeks, how much did your snoring interfere with your normal sleep and your level of energy?
   - Not at all
   - A little bit
   - Moderately
   - Quite a bit
   - Extremely

5. Does your snoring annoy or bother your spouse/bed partner?
   - Extremely (sleeps in the other room)
   - Quite a bit
   - Moderately
   - A little bit
   - Not at all
   - Don’t know

6. Compared to one year ago, how would you rat your snoring now?
   - Much less than a year ago
   - Somewhat less than a year ago
   - About the same as a year ago
   - Somewhat more than a year ago
   - Much more than a year ago

7. How would your spouse/bed partner describe your snoring?
   - Extremely loud
   - Very loud
   - Somewhat loud
   - Soft or quiet
   - No snoring at all
   - Don’t know

8. Please describe when you snore.
   - I don’t snore
   - I snore very rarely
   - I snore only in certain positions
   - I snore most of the time
   - I snore all of the time

Spouse/Bed Partner Survey (SBPS)

1. How would you describe your spouse/bed partner’s snoring?
   - Extremely loud
   - Very loud
   - Somewhat loud
   - Soft or quiet
   - No snoring at all
   - Don’t know

2. In the past 4 weeks, how would you describe your spouse/bed partner’s snoring?
   - None
   - Mild
   - Moderate
   - Severe
   - Very Severe
   - Don’t know

3. In the past 4 weeks, how much has your spouse/bed partner’s snoring bothered you?
   - Extremely (sleeping in the other room)
   - Quite a bit
   - Moderately
   - A little bit
   - Not at all
   - Don’t know

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Reference


Representative Studies Using Scale