## **Interview guide**

- 1. What brought you to the sleep center? Why did you decide to come to the center now?
- 2. What did you think was causing your symptoms? Did you suspect a specific diagnosis?
- 3. Could you please walk me through what happened since you first arrived at the sleep center?
- 4. What was your reaction to the diagnosis? What was your family's reaction?
- 5. Has the diagnosis affected your life in any way? If so, how? Have you made any adjustments in your life since the diagnosis?
- 6. What did your doctor recommend?
- 7. How did you respond to the doctor's recommendation? (probe according to patients' responses)
- 8. Could you walk me through what happened after you received the doctor's recommendation?

For patients who received a recommendation to use a CPAP device, probe further:

- a. Have you tried the CPAP at the sleep center for one night? Tell me about your experience. (What happened during that night? How did you feel during and after the trial night?)
- b. If the patient refused to try the CPAP device: Why didn't you want to try the CPAP device? How do you feel about this decision?
- c. Have you decided to try the CPAP at home? (If yes, why? If not, why not?)
- d. What did you do in order to take the device for a trial period at home?
- e. Please tell me about the trial period (For how long did you use it? How did you use it? How did you feel about using this device? What happened to your symptoms? How did your family members react?)
- 9. For those who purchased the CPAP: Please tell me about your experience of using the CPAP. Probe further:
  - a. How often do you use the CPAP?
  - b. How do you feel about this treatment option? What happened to your symptoms? Do you consider this an effective treatment? (Why / why not)
  - c. If patients have reduced / stopped CPAP use: Why do you use the CPAP device less / stopped using it? How do you feel about that? How do your family members feel about that?

- 10. For those who tried the CPAP at home but did not purchase the CPAP: Please tell me about your experience of OSA after you have decided not to purchase the CPAP. Probe further:
  - a. Why have you decided not to purchase the device?
  - b. How do you feel about your decision not to use the CPAP?
- 11. For all patients, have you considered / tried other treatment options? Please tell me about that. Probe further:
  - a. Have you found a satisfactory solution? (If yes, what makes it a good option, in your opinion? If not, do you plan to try other options? Tell me about that.)
- 12. Do you know other people with OSA? Have you discussed it with them? Have they used one of the treatment options available? Please walk me through one of your recent conversations with them.
- 13. Is there anything else you would like to tell me about your experience?