

Supplementary analyses with ApoE4 as a covariable. Group (OSA, mil/non-OSA) by cognitive status (MCI, non-MCI) ANOVA were significant when we added the ApoE4 as a covariable: Cognitive Failure Questionnaire ( $F(1, 96) = 7.61; p < 0.01$ ); Cognitive Difficulties Scale ( $F(1, 95) = 5.91; p = 0.02$ ); and Self-Evaluation Questionnaire ( $F(1, 75) = 11.99; p = 0.001$ ).

Supplementary analyses with sex as a covariable. Results of the Group (OSA, mil/non-OSA) by cognitive status (MCI, non-MCI) ANOVA remain the same when we added sex as a covariable: Cognitive failure questionnaires ( $F(1,104) = 12.7; p = 0.001$ ), Cognitive difficulties scale ( $F(1,103) = 7.76; p = 0.006$ ), Self-evaluation questionnaires ( $F(1,82) = 17.4; p = 0.000$ ).

Figure S1. Correlations between OSA severity and SCC questionnaires scores.

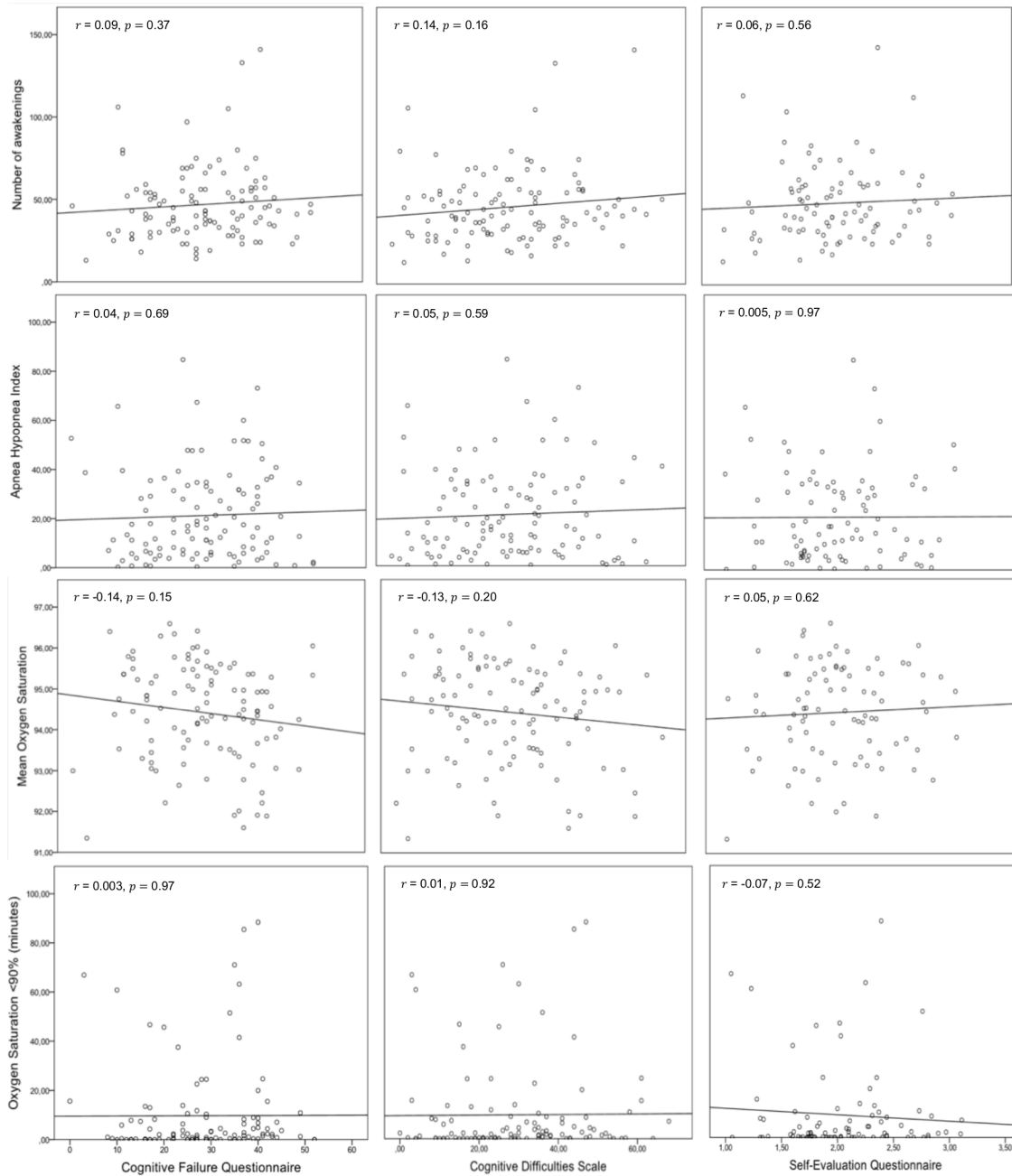


Figure S1 legend: Variables associated with OSA severity such as, number of awakenings, apnea hypopnea index, mean oxygen saturation, and oxygen saturation <90%, were not correlated with SCC questionnaires. OSA, obstructive sleep apnea; SCC, subjective cognitive complaint.

Figure S2. Correlations between mood and sleep quality questionnaires and SCC questionnaires scores.

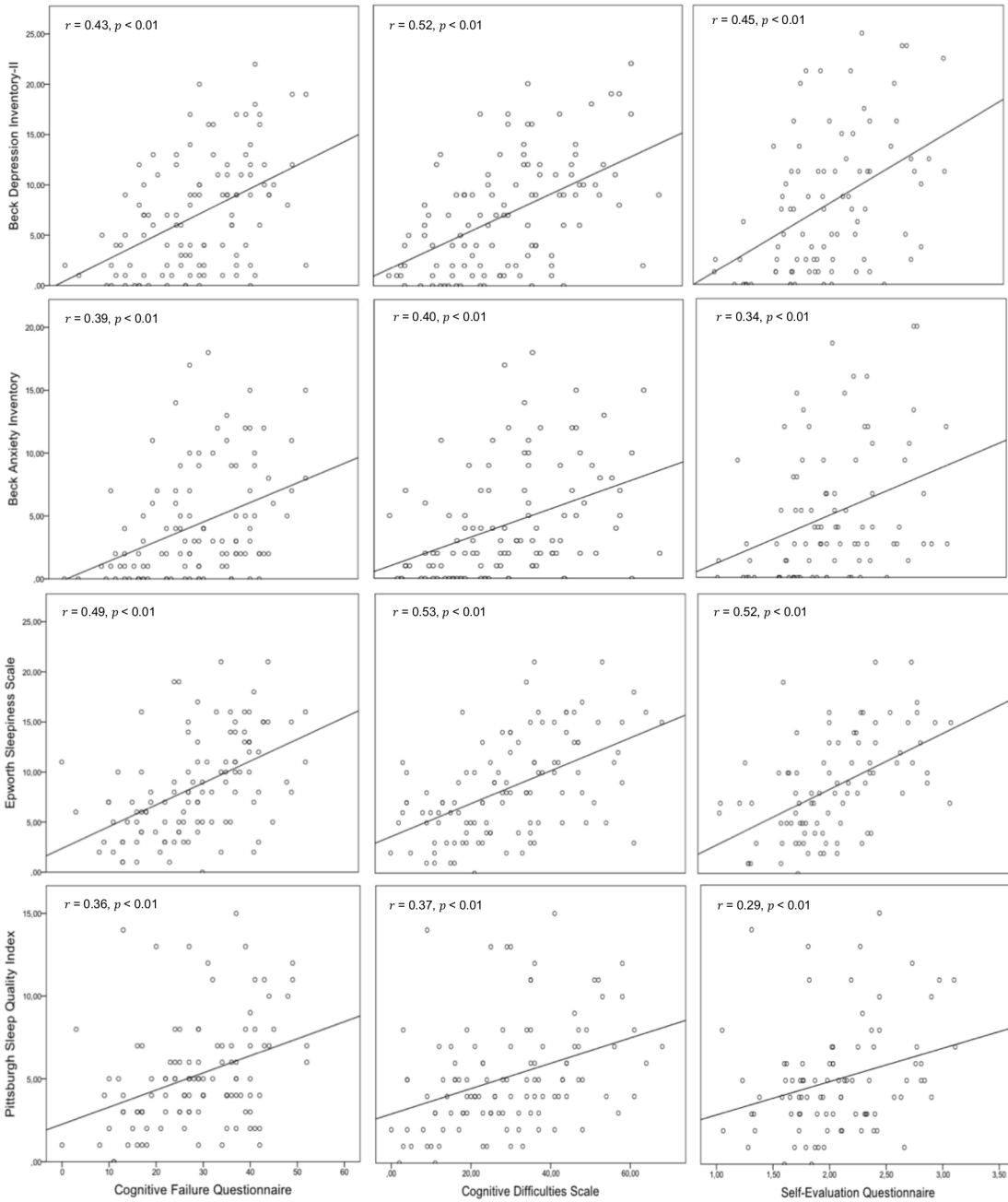


Figure S2 legend: Questionnaires on mood (Beck depression inventory-II, Beck Anxiety Inventory) and sleep quality (Epworth Sleepiness Scale, Pittsburgh Sleep Quality Index), were all significantly correlated to SCC questionnaires. OSA, obstructive sleep apnea; SCC, subjective cognitive complaint.

## References

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