

Supplementary file 2 – The Patient-Reported Apnea Questionnaire (PRAQ) and PRAQ-report

Symptoms at night
During the past 4 weeks, did you have a problem with: 1. Snoring loudly? 2. Waking up frequently to urinate? 3. Waking up at night with the feeling that you are choking? 4. A feeling that you are sleeping restlessly? 5. Having a dry or painful mouth when you wake up? 6. Waking up in the morning with a headache?
Sleepiness
During the past 4 weeks, did you have a problem with: 7. Fighting to stay awake during the day? 8. Suddenly falling asleep? 9. Difficulty staying awake during a conversation? 10. Difficulty staying awake while watching something? (concert, movie, television) 11. Falling asleep at inappropriate times or places?
Tiredness
During the past 4 weeks, did you have a problem with: 12. Feeling very tired? 13. Lacking energy? 14. Still feeling tired when you wake up in the morning?
Daily activities
During the past 4 weeks: 15. How difficult was it for you to do your most important daily activity? (such as your job, studying, caring for the children, housework) 16. How often did you use all your energy to accomplish only your most important daily activity? (such as your job, studying, caring for the children, housework) 17. Did you feel you have a decreased performance with regard to your most important daily activity? (such as your job, studying, caring for the children, housework) 18. How much difficulty did you have finding energy for your hobbies? 19. How difficult was it for you to get your chores done?
Unsafe situations
During the past 4 weeks: 20. Did you have problems while driving a car due to sleepiness? ¹ 21. Were you concerned about your safety or that of others due to your sleepiness? (for example in traffic, or when operating machinery)
Memory and concentration
During the past 4 weeks: 22. Were you sometimes forgetful? 23. Did you sometimes have difficulty concentrating?
Quality of sleep
During the past 4 weeks, did you have a problem with: 24. Falling asleep when you go to bed at night? 25. Getting back to sleep after you woke up at night?
Emotions
During the past 4 weeks: 26. How often did you feel depressed or hopeless? 27. How often did you feel anxious? 28. How often did you lose your temper? 29. How often did you feel that you could not cope with everyday life? 30. How often did you feel irritated? 31. How often did you have a strong emotional reaction to everyday events?

Social interactions

During the past 4 weeks:

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| 32. Did you sometimes feel upset because others were disturbed by your snoring? |
| 33. Was it a problem for you that you sometimes had no energy or no desire to do things with your family or your friends? |
| 34. Did you feel guilty towards your family or friends? |
| 35. Did you feel upset because you argued frequently? |
| 36. Did you sometimes experience problems in the relationship with your partner? ¹ |
| 37. Did you feel upset because you could (maybe) not sleep in the same room as your partner? ¹ |
| 38. Did you sometimes think up excuses because you were tired or sleepy? |
| 39. Did you have a problem with unsatisfying and/or too little sexual activity? (by yourself or with another) ¹ |

Health concerns

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| 40. Were you concerned about other conditions that may be related to sleep apnea? (such as diabetes, high blood pressure, cardiovascular disease, being overweight) |
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1. These items had an additional response option “not applicable” or (for item 39) “no answer”