**Supplementary file 3: information about the interviews and coding**

Interviewers IA and MN held the patient interviews based on the interview guides, mostly together but MN did some patient interviews alone, and IA did some patient and some professional interviews alone. IA had some training in qualitative research/interviewing, and participated in qualitative study with interviews before. MN did not have official training but received some interview training from IA. IA was the developer of the PRAQ and PRAQ-report, and the healthcare professionals were aware of this, which may have lead to bias. However, this was specifically addressed before the start of the interviews, reminding the interviewees that this was scientific research and the researchers were looking for honest opinions in order to learn more about the application of PROMs in clinical practice, and negative opinions were also welcome. The patients were not told that IA was the developer of the PRAQ.

Patient recruitment took place in two different ways:
- Patients were approached via email by the sleep center before their scheduled consultation. The email was sent directly via the online platform as an added message to the invitation to complete the PRAQ, or by a team member of the sleep center.
- All patients scheduled on a certain specific day for a specific healthcare professional that had completed the PRAQ, were invited by their healthcare professional to participate directly after their consultation.

18 patients were interviewed face to face at the sleep center after their consultation in a private room; 9 patients were interviewed over the phone for convenience reasons. The patient interviews lasted on average 15 minutes. Healthcare provider interviews lasted on average 44 minutes and were all held at the sleep center. All interviews were audiotaped, transcribed verbatim and anonymised. All interviewees were provided with information about the study and signed an informed consent form or gave verbal informed consent on the audiotape. Transcripts of the interviews were not provided to the interviewees. Analysis of the interviews took place via open coding, with different code books for patients and healthcare providers. IA and MN first coded five interviews independently for both patients and healthcare professional interviews. A researcher (IG) experienced in qualitative research and knowledgeable about PROMs, but not involved in the study, coded one of the healthcare professional interviews independently. IG, IA, MN and PW held a collaborative coding session in which the code books were constructed. MN analyzed all remaining interviews, which IA then read and checked to the code book. When there was a disagreement about the coding, IA and MN reached consensus.