

When answering the questions, keep in mind the consultation that you just attended.

1. I knew which problems I wanted to discuss with the doctor

completely <u>disagree</u>	disagree	disagree a litte	don't agree, don't disagree	agree a little	agree	completely <u>agree</u>	not applicable*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I discussed with the doctor the topics I knew I wanted to discuss beforehand

completely <u>disagree</u>	disagree	disagree a litte	don't agree, don't disagree	agree a little	agree	completely <u>agree</u>	not applicable*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Because of my conversation with the doctor, I understand better what causes my health complaints or problems

completely <u>disagree</u>	disagree	disagree a litte	don't agree, don't disagree	agree a little	agree	completely <u>agree</u>	not applicable*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The doctor and I chose the treatment together, or together chose not to treat my apnea

completely <u>disagree</u>	disagree	disagree a litte	don't agree, don't disagree	agree a little	agree	completely <u>agree</u>	not applicable**
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Because of my conversation with the doctor, I understand how the treatment can benefit me

completely <u>disagree</u>	disagree	disagree a litte	don't agree, don't disagree	agree a little	agree	completely <u>agree</u>	not applicable**
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I think the treatment will be worth it for me

completely <u>disagree</u>	disagree	disagree a litte	don't agree, don't disagree	agree a little	agree	completely <u>agree</u>	not applicable**
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clarifications:

* I have no complaints or problems / I did not think of anything to discuss

** I don't have sleep apnea / no choice was made yet

Questions about the PRAQ-report

7. Your sleep center asked you to fill out a questionnaire before attending your consultation, about your health complaints and daily functioning (the PRAQ). Did you complete this questionnaire?

- Yes
- Partially (go to question 12 at the bottom of this page)
- No (go to question 13, on the next page)

The results of the questionnaire are summarised in a report, with on the first page smileys for each topic. The questions below are about whether you looked at this report, and whether you thought this was useful. Answer each question in the way that fits you or your situation best. **Please answer the questions as well if you have not seen the report.**

8. I looked at the report before my consultations with the doctor.

- Yes, elaborately
- Yes, briefly
- No, not important or didn't get around to it
- No, I didn't know that there was a report or how to open it

9. The report was shown during the consultation with the doctor (for example, you looked at the smileys together and discussed your health complaints)

- Yes, elaborately
- Yes, briefly
- No, not at all

10. I thought the report was useful as preparation of my consultation with the doctor
(if you did not look at the report beforehand, you may answer "not applicable")

- | | | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| completely
<u>disagree</u> | disagree | disagree
a litte | don't agree,
don't disagree | agree
a little | agree | completely
<u>agree</u> | not
applicable* |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. I thought the report was useful during my consultation with the doctor
(If the report was not shown during the consultation, you may answer "not applicable")

- | | | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| completely
<u>disagree</u> | disagree | disagree
a litte | don't agree,
don't disagree | agree
a little | agree | completely
<u>agree</u> | not
applicable* |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Is there anything else about the PRAQ-questionnaire or the report that you would like to share?
We are happy to hear your opinion.

We would also like to know something about you.

13. What is your age? year

14. Gender: man woman

15. What is the highest level of education you finished with a diploma?

- No education (did not finish primary school)
- Primary school
- Basic vocational education (LTS, LEAO)
- General secondary education (MAVO, VMBO)
- Intermediate vocational education (MTS, MEAO, MBO)
- Senior secondary general education or pre-university education (HAVO, VWO, grammar school)
- Higher professional education (HBO, HEAO, HTS)
- University
- Other, which is: -----

16. How bothered are you by the health complaints or problems for which you attended the sleep center today?

Not bothered at all 1 2 3 4 5 6 7 8 9 10 Very bothered

17. Did the doctor diagnose you with sleep apnea?

Yes, I have sleep apnea No, I do not have sleep apnea Don't know (yet)

18. If you answered "yes" to the previous question, was a treatment chosen and if so, which one?

- No treatment
- Yes, CPAP (mask)
- Yes, MRA (device over teeth)
- Yes, lifestyle advice
- Other, which is: -----