

Appendix 1. Visit-Specific Satisfaction Instrument (VSO-9)

Thinking about your visit to {provider} on {date}, in the last three months, how would you rate the following?

	Poor	Fair	Good	Very Good	Excellent
1. How long you waited to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Convenience of the location of the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Getting through to the office by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Length of time waiting at the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Time spent with the physician/ healthcare professional you saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Explanation of what was done for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Technical skills (thoroughness, carefulness, competence) of the physician/ healthcare professional you saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The personal manner (courtesy, respect, sensitivity, friendliness) of the person you saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The visit overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 2. EuroQOL 5D (EQ-5D-3L)

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain / Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

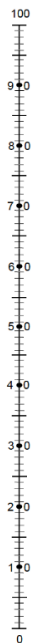
Anxiety / Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Best Imaginable Health State



Your own health
state today

Worst Imaginable Health State

Appendix 3. Wait times and Cost Questionnaire

a. Wait times and Cost Questionnaire Part 1

1. What is the highest degree, certificate or diploma No post-secondary degree, certificate or diploma you have obtained?

- Trade certificate or diploma from a vocational school or apprenticeship training
- Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- University certificate below bachelor's level
- Bachelor's degree
- University degree or certificate above bachelor's degree

2. How long did you wait before you decided to see a healthcare provider about your sleep problem?

- < 6 months
- 6- 12 months
- 1- 3 years
- 3- 5 years
- 5- 10 years
- >10 years

3. Who was the first health professional you saw about your sleep problem?

- Primary care provider (family doctor or nurse)
- Specialist doctor
- Private sleep company
- Other, please specify: _____
- Do not know

4. How far (in kilometers) did you travel for diagnostic testing?

- < 25 km
- 25 - 50 km
- 50 - 100 km
- 100 - 200 km
- > 200 km

5. How long did it take you to travel from your home to the diagnostic testing facility?

- < 1 hour
- 1 - 4 hours
- 4 - 10 hours
- > 10 hours

6. How long did you wait from the time you saw the first health professional until you had a diagnostic test for sleep apnea (home sleep test or sleep test in a sleep laboratory)?

- < 2 weeks

- 2 - 4 weeks
- 1 - 3 months
- 4 - 6 months
- > 6 months
- I did not have a sleep test
- Do not know

7. Did you feel this wait time for a diagnostic sleep test was:

- Acceptable
- Too long
- Do not know

8. How long did it take from the time of diagnosis until you started your CPAP trial?

- < 2 weeks
- 2 - 4 weeks
- 1 - 3 months
- 4 - 6 months
- > 6 months
- Do not know

9. Did you feel this wait time to start treatment for sleep apnea was?

- Acceptable
- Too long
- Do not know

10. Did you feel that you were adequately informed about the risks of sleep apnea and benefits of treatment?

- Yes
- No

11. Who paid the cost of your diagnostic test?

- Provincial healthcare
- Private insurance
- No charge
- I paid for my test out of pocket

12. Diagnostic testing fees (not including travel and other related costs):

- (\$) _____

13. Approximately how many days of work/school did you miss in the last three months due to sleepiness or fatigue?

- _____

b. Wait times and Cost Questionnaire Part 2

1. Did you feel that you were adequately informed about the risks of sleep apnea and benefits of treatment?

- Yes
- No

2. Are you currently using CPAP as your primary treatment for sleep apnea?

- Yes
- No

3. If no, why did you discontinue CPAP as your primary treatment?

- _____

4. Were the costs of CPAP (including all equipment) covered by government support or private insurance?

- Yes, covered by government support (Alberta Works, AISH, NIHB, RCMP)
- Yes, covered by private insurance
- Partly covered by government support
- Partly covered by private support
- Not covered at all

5. Sleep treatment fees (not including travel and other related costs). Include only the amount that will NOT be reimbursed to you by government support/insurance.

- (\$) _____

6. Please estimate how much you have spent since you started your CPAP trial (not including the date you started the CPAP trial but including today):

- Parking for sleep-related appointments

- (\$) _____

- Childcare on your appointment days

- (\$) _____

7. Did you have any additional costs other than the ones mentioned above?

- Yes
- No
- If Yes, please specify:

- Other cost (1): _____
 - Amount spent on (1): (\$) _____
 - Other cost (2): _____
 - Amount spent on (2): (\$) _____
 - Other cost (3): _____
 - Amount spent on (3): (\$) _____

8. Approximately how many days of work/school did you miss in the last three months due to sleepiness since you started your CPAP trial?

- _____