1. Have any of the following doctors talked to you about obstructive sleep apnea (OSA) in the past?

1. my primary care physician
2. my endocrinologist ( diabetes doctor)
3. my pulmonologist ( specialist for breathing problems)
4. none
5. other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you been diagnosed with OSA?

1. yes ( if your answer is yes, answer only questions 3, 4, 5, 6 and 18 and you're done)
2. no ( if your answer is no, answer only questions 5 through 18)

3. Do you receive treatment for OSA with any of the following devices: CPAP device, oral appliance?

1. yes
2. no

4. Do you use your treatment for OSA at least 4 hours every night during sleep?

1. yes
2. no

5. Do you believe treating OSA can improve your blood pressure control?

1. yes
2. no
3. I don't know

6. Do you believe treating OSA may improve your blood sugar control?

1. yes
2. no
3. I don't know

7. If your doctor told you that you might have OSA, would you be willing to get testing for it?

1. yes
2. no

8. If your doctor told you that you might have OSA, would you be willing to receive treatment?

1. yes
2. no

9. Do you snore?

1. yes
2. no
3. I don't know

If you snore:

10. Your snoring is

1. slightly louder than breathing
2. as loud as talking
3. louder than talking
4. very loud- can be heard in adjacent rooms

11. How often do you snore?

1. nearly every day
2. 3-4 times a week
3. 1-2 times a week
4. 1-2 times a month
5. never or nearly never

12. Has your snoring ever bothered other people?

1. yes
2. no
3. I don't know

13. Has anyone noticed that you

stop breathing during your sleep?

1. nearly every day
2. 3-4 times a week
3. 1-2 times a week
4. 1-2 times a month
5. never or nearly never

14. How often do you feel tired or

fatigued after your sleep?

1. nearly every day
2. 3-4 times a week
3. 1-2 times a week
4. 1-2 times a month
5. never or nearly never

15. During your waking time, do you

feel tired, fatigued or not up to par?

1. nearly every day
2. 3-4 times a week
3. 1-2 times a week
4. 1-2 times a month
5. never or nearly never

16. Have you ever nodded off or fallen asleep

while driving a vehicle?

1. yes
2. no

If yes:

17. How often does this occur?

1. nearly every day
2. 3-4 times a week
3. 1-2 times a week
4. 1-2 times a month
5. never or nearly never

18. Would you be interested in learning more about OSA?

1. Yes
2. No

Note: Items 9 to 17 are part of the validated Berlin Questionnaire; additional data for body mass index and the presence of diagnosis of hypertension from the EMR was obtained to calculate BQ scores, with results reported as HROSA and LROSA as previously described [ 19, 20]