**Supplementary analyses with ApoE4 as a covariable.** Group (OSA, mild/non-OSA) by cognitive status (MCI, non-MCI) ANOVAs were significant when we added the ApoE4 as a covariable: Cognitive Failure Questionnaire (F(1, 96) = 7.61; p < 0.01); Cognitive Difficulties Scale (F(1, 95) = 5.91; p = 0.02); and Self-Evaluation Questionnaire (F(1, 75) = 11.99; p = 0.001).

**Supplementary analyses with sex as a covariable.** Results of Group (OSA, mild/non-OSA) by cognitive status (MCI, non-MCI) ANOVAs remained the same when we added sex as a covariable: Cognitive Failure Questionnaire (F(1,104) = 12.7; p = 0.001), Cognitive Difficulties Scale (F(1,103) = 7.76; p = 0.006), Self-Evaluation Questionnaire (F(1,82) = 17.4; p < 0.001).
Figure S1. Correlations between OSA severity and SCC questionnaire scores.

Figure S1 legend: Variables associated with OSA severity, such as number of awakenings, apnea hypopnea index, mean oxygen saturation, and oxygen saturation <90%, were not correlated with SCC questionnaires. OSA, obstructive sleep apnea; SCC, self-reported cognitive complaint.
Figure S2. Correlations between mood and sleep quality questionnaires and SCC questionnaire scores.

Figure S2 legend: Questionnaires on mood (Beck depression inventory-II, Beck Anxiety Inventory) and sleep quality (Epworth Sleepiness Scale, Pittsburgh Sleep Quality Index) were all significantly correlated to SCC questionnaires. OSA, obstructive sleep apnea; SCC, self-reported cognitive complaint.
References


