**Appendix A: Semi-structured Interview Questions**

**PPT ID:**

**Date:**

**Interviewer:**

**Semi-structured interview questions**

Thank you for agreeing to participate in this study. We are interested in understanding the experiences of parents/caregivers and their children with Down Syndrome prescribed CPAP to treat sleep apnea. As a parent of a child prescribed CPAP, you have an expert perspective. There are no right or wrong answers to any of these questions, we just want to learn your experience. Sharing your family’s unique experience with CPAP will help our research team learn how to better support other families going through a similar experience in the future.

We would like your permission to record our conversation so that our research team is able to pay close attention to everything you share. After our conversation today, the recording will be transcribed into a document that will have all information that identifies you, your child, or anyone else removed. Your answers will be combined with other research participants so that we can learn about the range of issues that families face when a child is prescribed CPAP. Do you have any questions? May I turn on the recorder?

1. What do you remember about your family’s experience when your child was first prescribed CPAP?
2. When was your child prescribed CPAP?
3. Did you receive any education about sleep apnea and CPAP treatment?
4. What/Who was the source of your education?
5. Is there any information that you have now that you wish you were given when child was first prescribed CPAP?
6. Please describe/tell me:
	1. How you first started CPAP therapy with your child?
	2. Were you given any specific guidance about how to get your child used to the CPAP?
	3. What was the process of getting your child used to using CPAP like?
7. How did your child respond when CPAP was first introduced?
	1. How is your child responding to CPAP now?
8. How did you feel about your child using CPAP at the time of initiation?
	1. How do you feel about it now?
9. Please describe:
10. What worked for your family during the process of getting used to CPAP?
	* Were there any routines or resources that helped your child use CPAP?
11. What did not work for your family during the process of getting used to CPAP?
* For example, what routines and resources limited your child’s CPAP use?
* What barriers did you or your child encounter that limited CPAP use?
1. Knowing what you know now, would you have introduced CPAP to your child any differently? If so, how?
	1. What are some of the most helpful tips that could help families of children with Down Syndrome and sleep apnea in the process of introducing CPAP?
2. When your child was prescribed CPAP, do you think it would have been helpful to receive information or support messages from the medical team via text messages?
	1. If so, how often do you think would have been helpful?
	2. What other methods of communication from the team do you think would be most helpful?
3. Since sleep apnea, itself, is hard to see, what have been the specific problems that your child has experienced related to sleep apnea?
	1. Has your child experienced any benefits/positive outcomes of CPAP?
	2. Which benefits are most important for you, and your child?
4. If we were to create a new study about the benefits of CPAP for children with Down Syndrome, what do you think we should measure or try to learn about?
	1. If we were to create another new study about the benefits of CPAP for **families** of children with Down Syndrome in general, what do you think we should try to learn about?

*If more clarification is needed, the following prompt may be used:* Think of some of the benefits of using C-PAP. Which of those things do you think would be the most important for doctors to study in the future?

1. Please describe any changes in your child’s behavior that you or other care providers (e.g., teachers) have observed since your child started CPAP.