SUPPLEMENTARY MATERIAL

Survey responses to 'What parameters or rules do you use to decide whether hypoventilation is present or absent?'
Answers are given as free text (reproduced verbatim).

1. Rise in CO_2 as monitored transcutaneously of >10 mmHg from wake to sleep where the probe is appropriately calibrated and maintained, TCO_2 >50 mmHg for >25% total sleep time, a clear rise of CO_2 from non rapid eye movement (NREM) to rapid eye movement (REM) of >5 mmHg, sleep breathing, any reflection of high TCO_2 in $ETCO_2$ tracing
2. Strictly AASM – CO_2 >50 mmHg for >25% of study, also look at rise in CO_2 during REM vs. NREM and from wake to sleep
3. TCO_2 trends, percent time and drift from baseline
4. AASM rules used and criteria outlined in New Zealand Guidelines management sleep disordered breathing document
5. Significant rise in TCO_2
6. Persistent elevation of TCO_2 >50 mmHg with or without oxygen desaturation in the absence of untreated obstructive sleep apnoea (OSA)
7. American Academy of Sleep Medicine (AASM) rule that 25% or more of sleep time TCO_2 >50 mmHg
8. The % CO_2 above 50 mmHg, also take note of mean CO_2 awake and asleep, rise in CO_2 with sleep onset, rise in CO_2 during REM sleep
9. Subjective decision in CO_2>50 mmHg for significant periods
10. TCO_2 >50 mmHg for >25% total sleep time, clear trend of elevated TCO_2 >50 mmHg in REM
11. Presence of CO_2 retention and hypoxia without obvious obstruction
12. >10 mmHg wake to sleep or rise of more than 3 mmHg in REM
13. REM-related hypoventilation by description and rise of CO_2 in REM, nocturnal hypoventilation by 25% or more total sleep time with TCO_2 >50 mmHg
14. pCO_2
15. Changes between states, blood gases
16. Time above 50 mmHg >25% total sleep time, rise >10 mmHg from awake to asleep, increase >3 mmHg from NREM to REM
17. REM related rise in TCO_2