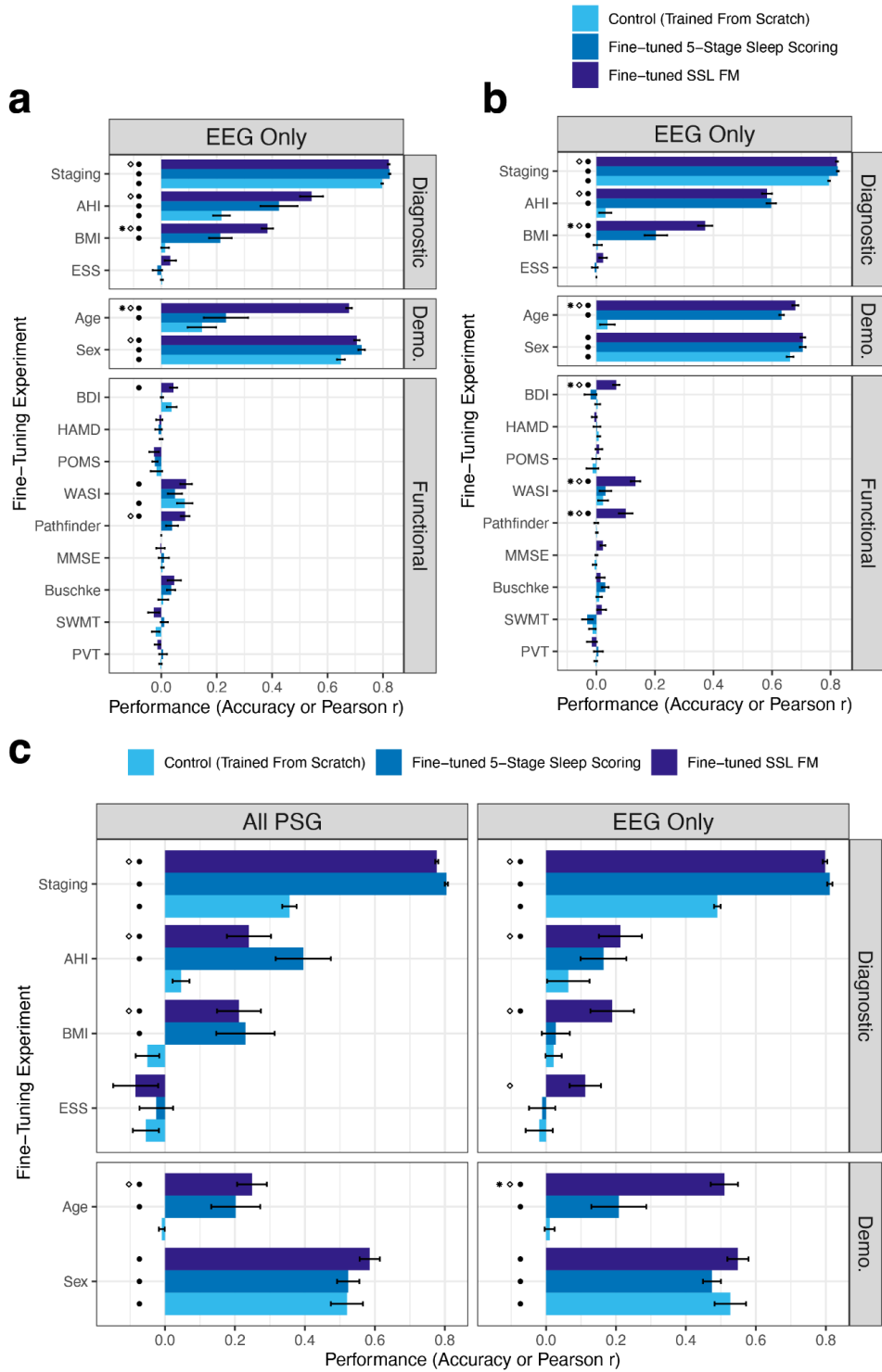


# 1 Supplementary Figures



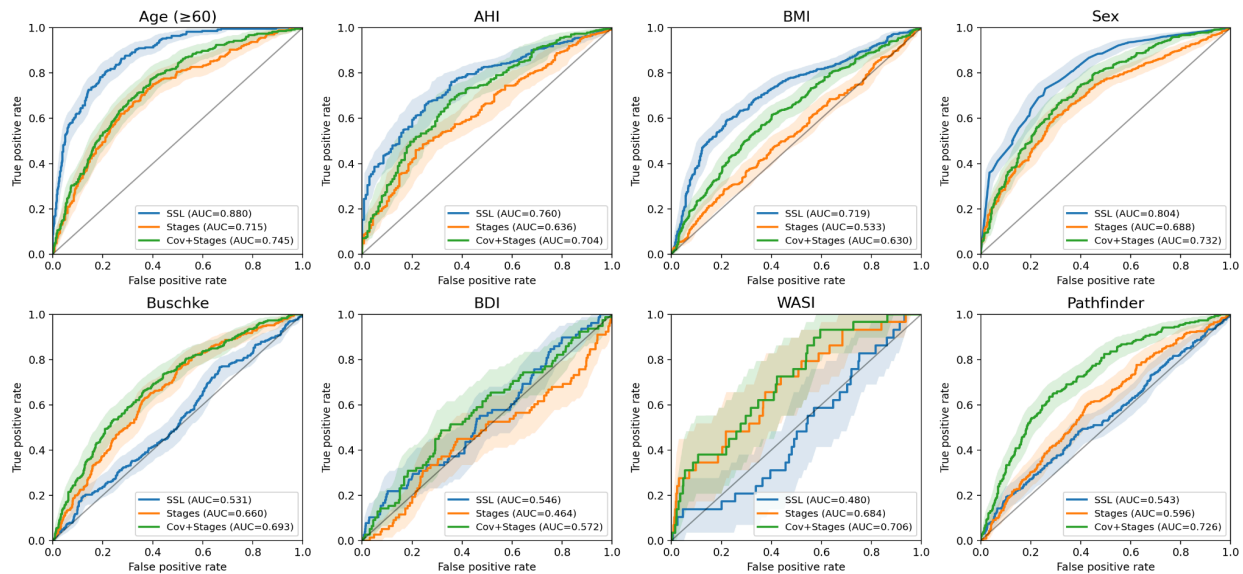
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3 **Supplementary Figure 1 | Downstream patterns are stable across transformer depth and replicate on held-out**  
 4 **HomePAP data.**

5 Architecture-sensitivity and external-replication analyses comparing models trained from scratch, models pretrained  
 6 for five-stage sleep scoring, and SSL-pretrained foundation models. (a), APPLES fine-tuning results using a compact

1 2-layer transformer architecture (128 CNN channels, 2 transformer layers, 384 embedding dimensionality, 6  
2 transformer heads per layer, 768 transformer feed forward dimensionality) for the from-scratch condition only (bars for  
3 SSL and 5-Stage models are the same as in the main text and are depicted here for comparison with the smaller  
4 from-scratch model). **(b)**, APPLES fine-tuning results using a 6-layer transformer architecture (256 CNN channels, 6  
5 transformer layers, 384 embedding dimensionality, 8 transformer heads per layer, 1536 transformer feed forward  
6 dimensionality) for all three conditions (SSL, 5-Stage, and from-scratch). **(c)**, HomePAP fine-tuning results using the  
7 primary 12-layer transformer, shown for all-PSG and EEG-only inputs on outcomes shared with APPLES.  
8 Performance is accuracy for classification tasks and Pearson r for continuous outcomes; bars show mean  $\pm$  SD  
9 across folds. Across transformer depths, pretrained models showed qualitatively similar downstream patterns,  
10 indicating that the main conclusions are not specific to the particular (12-layer) architecture presented throughout the  
11 main text. The HomePAP analysis further supports generalization to a second unseen cohort, with SSL and  
12 five-stage-pretrained models retaining strong performance on shared diagnostic and demographic outcomes. Smaller  
13 from-scratch models performed relatively better than the 12-layer from-scratch model, consistent with lower-capacity  
14 architectures being better matched to the limited labeled fine-tuning data.

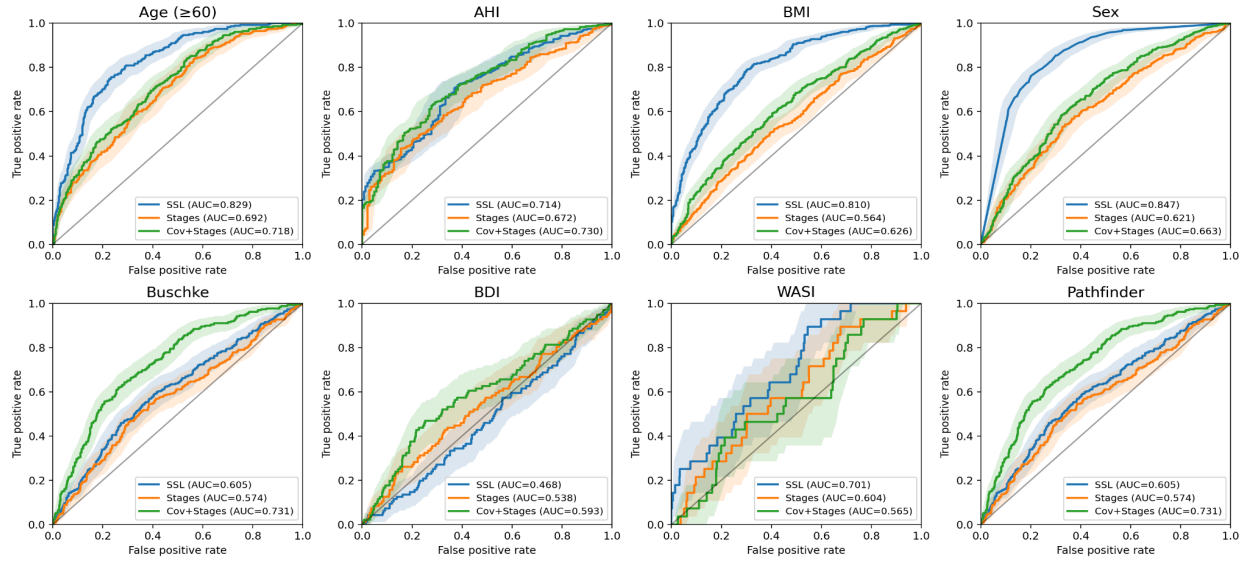
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21 **Supplementary Figure 2 | EEG-derived screening scores provide incremental predictive value beyond**  
22 **demographic covariates and staging-derived sleep-report features.** Receiver operating characteristic (ROC)  
23 curves for participant-level screening of Age  $\geq 60$ , AHI  $\geq 15$ , BMI  $\geq 30$ , Sex (male), Buschke  $\leq$  Q25, BDI  $\geq 14$ , WASI  $\leq 85$ ,  
24 and Pathfinder  $\leq$  Q25. Curves compare out-of-fold logistic models using the EEG-derived SSL outcome score (blue),  
25 staging-derived sleep-report features alone (orange), and covariates + staging-derived sleep-report features (green;  
26 stage proportions and standard sleep-architecture summaries including efficiency/latencies, transition metrics, and  
27 bout-duration statistics; see Methods). Shaded bands show 95% confidence intervals; insets report AUROC; the  
28 diagonal indicates chance performance.

29



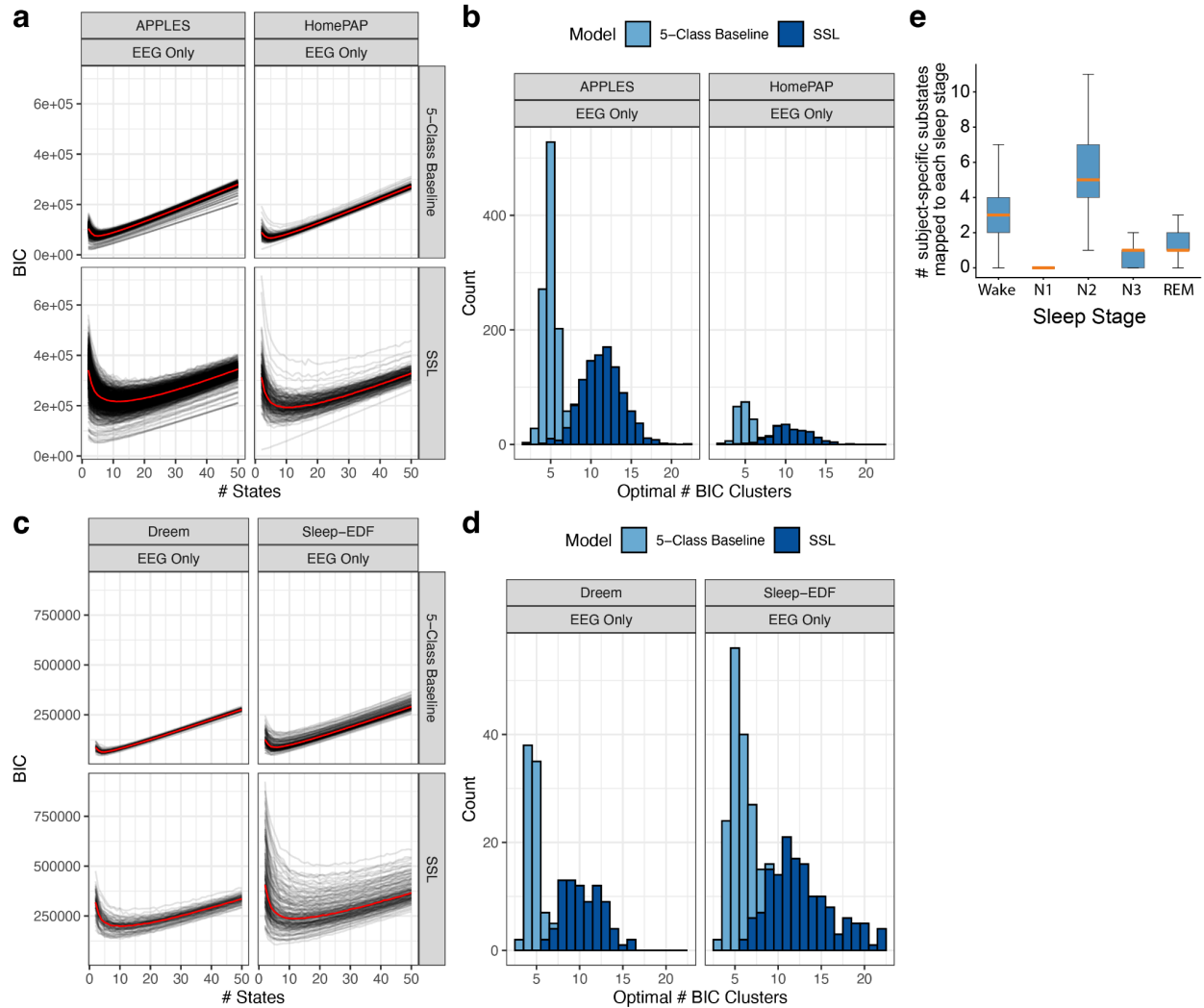
**Supplementary Figure 3 | PSG-derived screening scores retain incremental predictive value beyond demographic covariates and staging-derived sleep-report features.** ROC curves for the same outcomes and modeling framework as Supplementary Figure 2, but using SSL outcome scores derived from the multimodal PSG foundation model (PSG channels; see Methods). Curves compare the PSG-derived SSL score (blue) against staging-derived sleep-report features alone (orange) and covariates + staging-derived sleep-report features (green). Shaded bands show 95% confidence intervals and insets report AUROC.

**Supplementary Table 1 | EEG-only screening analyses: functional outcomes.**

| endpoint         | auc                | brier_oof           | prevalence           | n    | pathfinder_q25 |
|------------------|--------------------|---------------------|----------------------|------|----------------|
| WASI ≤ 85        | 0.4933598937583001 | 0.02816693641094637 | 0.029013539651837523 | 1034 |                |
| Pathfinder ≤ Q25 | 0.5416216216216216 | 0.1875010269214683  | 0.2504835589941973   | 1034 | 20.015         |
| HAMD ≥ 8         | 0.4935800698428536 | 0.14983564989850257 | 0.18375241779497098  | 1034 |                |
| Age ≥ 60         | 0.8765460105012927 | 0.13296947610688    | 0.27176015473887816  | 1034 |                |
| Sex (male)       | 0.8018524775479388 | 0.1680022082075603  | 0.660541586073501    | 1034 |                |

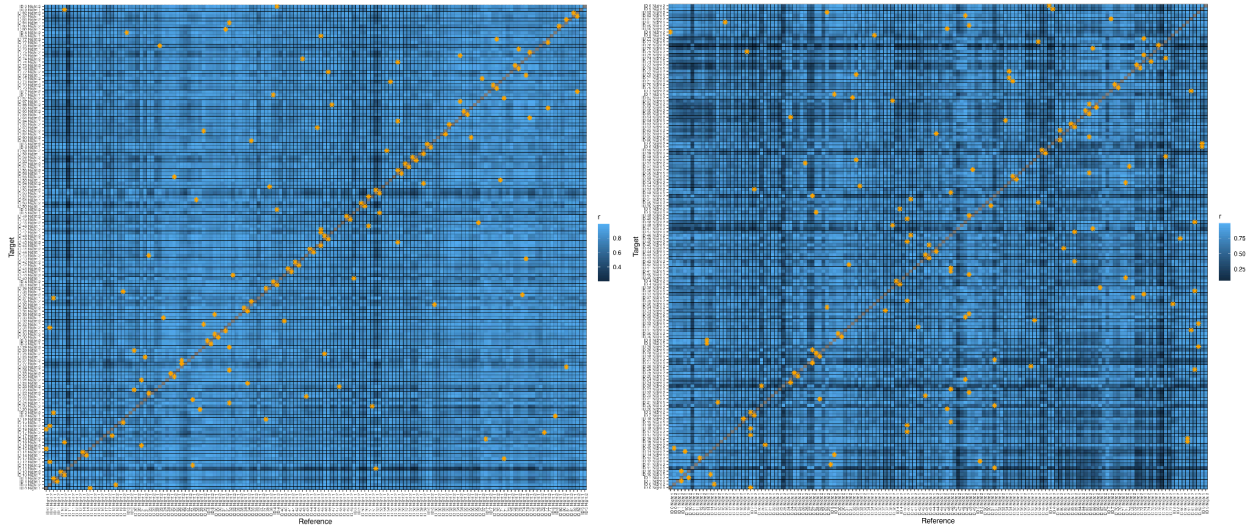
**Supplementary Table 2 | PSG screening analyses: functional outcomes.**

| endpoint         | auc                | brier_oof           | prevalence           | n    | pathfinder_q25 |
|------------------|--------------------|---------------------|----------------------|------|----------------|
| WASI ≤ 85        | 0.7132138114209827 | 0.02772339790082954 | 0.029013539651837523 | 1034 |                |
| Pathfinder ≤ Q25 | 0.607582513388965  | 0.18411963741701864 | 0.2504835589941973   | 1034 | 20.015         |
| HAMD ≥ 8         | 0.5916188575704664 | 0.14895371432156862 | 0.18375241779497098  | 1034 |                |
| Age ≥ 60         | 0.8283308048943017 | 0.14929806760654873 | 0.27176015473887816  | 1034 |                |
| Sex (male)       | 0.8474406944392303 | 0.14242519871334838 | 0.660541586073501    | 1034 |                |



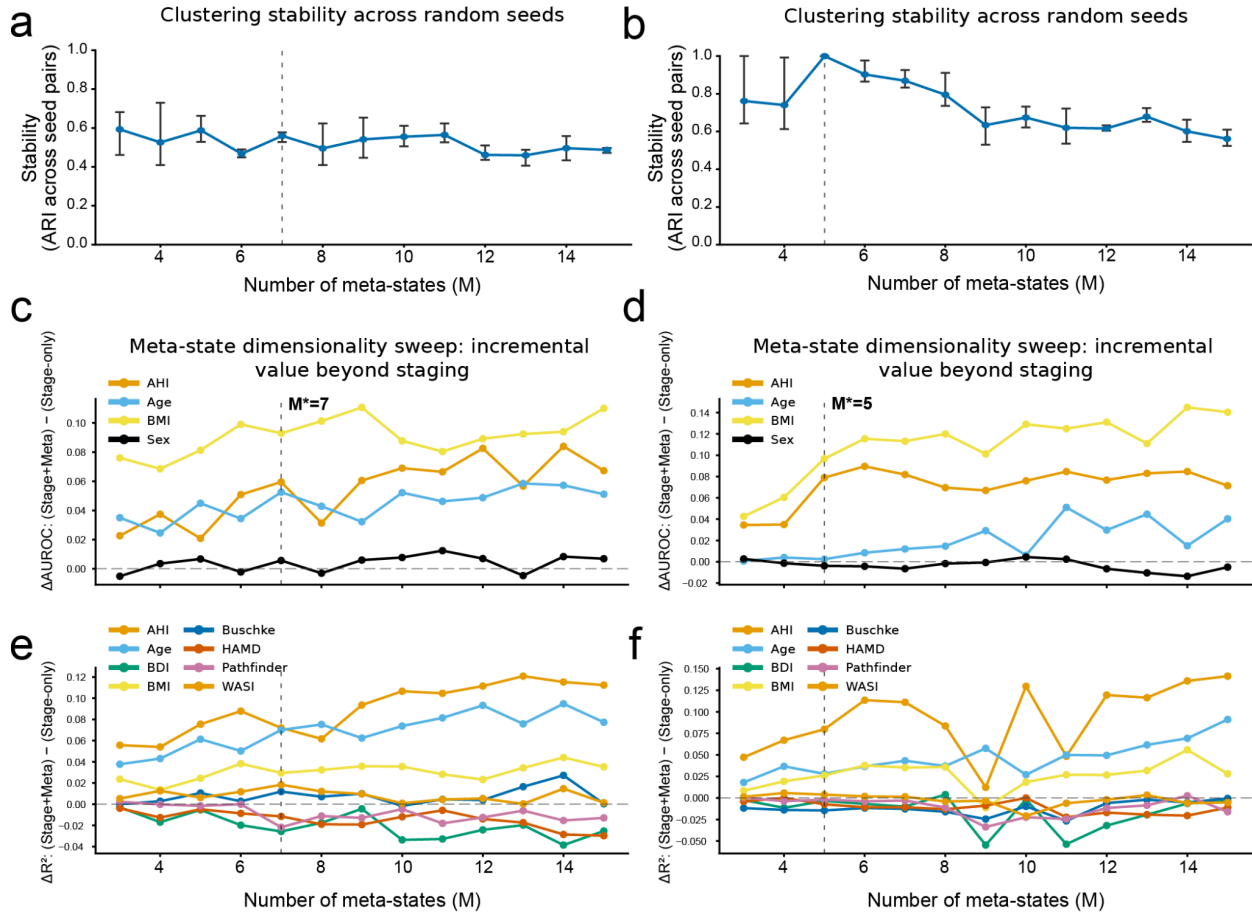
**Supplementary Figure 4 | Cross-dataset BIC sweeps show that SSL embeddings support finer within-record latent compression than five-stage-supervised embeddings.** Per-record k-means/BIC sweeps were applied to final-layer EEG embeddings from the matched five-stage-supervised baseline and the SSL model. **a,c**, BIC curves across candidate cluster counts for APPLES and HomePAP (**a**) and Dreem and Sleep-EDF (**c**). Thin gray lines show individual recordings; red lines show the dataset median. **b,d**, Distributions of BIC-selected cluster counts for each model and dataset. Across all four held-out datasets, the five-stage-supervised representation converged near the expected five-cluster solution, whereas SSL embeddings selected higher cluster counts, consistent with finer within-record latent structure under the same compression procedure. Median selected counts were APPLES: SSL 11 vs five-stage 5; HomePAP: 10 vs 5; Dreem: 10 vs 5; and Sleep-EDF: 12 vs 5. Paired tests were significant in each dataset (APPLES:  $p < 2.2 \times 10^{-16}$ , HomePAP:  $p < 2.2 \times 10^{-16}$ , Sleep-EDF:  $p < 2.2 \times 10^{-16}$ , Dreem:  $p = 4.7 \times 10^{-15}$ ), and these results were consistent across randomly initialized k-means seeds (across 10 additional sweeps, optimal BIC scores different at most by 1 for any given run: s.d. across runs for each dataset ranged from 0.42 to 0.48 for the SSL model and from 0 to 0.31 for the five-stage baseline model). These BIC results are interpreted comparatively, not ontologically: they indicate that SSL embeddings support higher-resolution compression than matched five-stage embeddings, with downstream utility evaluated separately in the Rosetta/meta-state analyses. **(e)** “Rosetta stone” boxplots of the number of subject-specific microstates assigned to each AASM stage (dominant stage per microstate), showing that N2 and Wake tend to subdivide more than N3/REM across recordings APPLES.

1



2

**Supplementary Figure 5 | Cross-night fingerprinting indicates a stable subject-specific component in SSL sleep embeddings.** To examine whether the learned representation retains stable subject-specific structure across nights, we performed an exploratory repeated-night analysis. Because APPLES did not include multiple nights, we used another held-out corpus, the Sleep-EDF cohort, which includes 74 participants with two recordings each. Using a correlation-based fingerprinting procedure, each query night was matched to the most similar recording in the dataset on the basis of its night-level embedding summary (without fine-tuning the models). SSL embeddings correctly identified the alternate night from the same participant in 60 of 148 queries (40.5%; 95% CI 32.6–48.9%), exceeding both a conservative chance baseline (1/74; exact binomial test,  $p < 2.2 \times 10^{-16}$ ) and the five-stage-pretrained baseline (22.9%; Wilcoxon signed-rank test on night-pair correlation scores:  $V = 1311.5$ ,  $p = 8.0 \times 10^{-4}$ ). Although well below ceiling, these findings suggest that the SSL embedding retains a stable, trait-like component across nights within an individual while remaining sensitive to meaningful night-to-night variation.



1

## 2 Supplementary Figure 6 | Meta-state dimensionality sweep and clustering stability.

3 Left column (a,c,e): Analysis applied to EEG-only embeddings from the self-supervised (SSL) foundation model.

4 Right column (b,d,f): Same analysis applied to EEG-only embeddings from the five-stage supervised sleep-staging

5 model.

### 6 a–b | Clustering stability across random initializations.

7 For each candidate number of meta-states ( $M \in \{3, \dots, 15\}$ ), clustering stability was quantified as the Adjusted Rand

8 Index (ARI) between meta-state assignments obtained from different random seeds. Points indicate the mean ARI

9 across seed pairs and error bars show the min–max range. The dashed vertical line marks the selected

10 dimensionality  $M^*$  determined by the predefined stability–performance tradeoff rule (see Methods): SSL embeddings

11 support a compact solution at  $M^*=7$ , whereas embeddings derived from the five-stage supervised model support

12  $M^*=5$ .

### 13 c–d | Incremental value for diagnostic and demographic outcomes.

14 For each  $M$ , meta-state features were computed within training folds of a participant-level 5-fold cross-validation

15 procedure (three random seeds: 0,1,2). The plots show the fold-averaged incremental predictive value beyond

16 staging, defined as  $\Delta AUROC = (Stage+Meta) - (Stage-only)$ , for diagnostic and demographic outcomes (AHI, age,

17 BMI, sex).

### 18 e–f | Incremental value for functional outcomes.

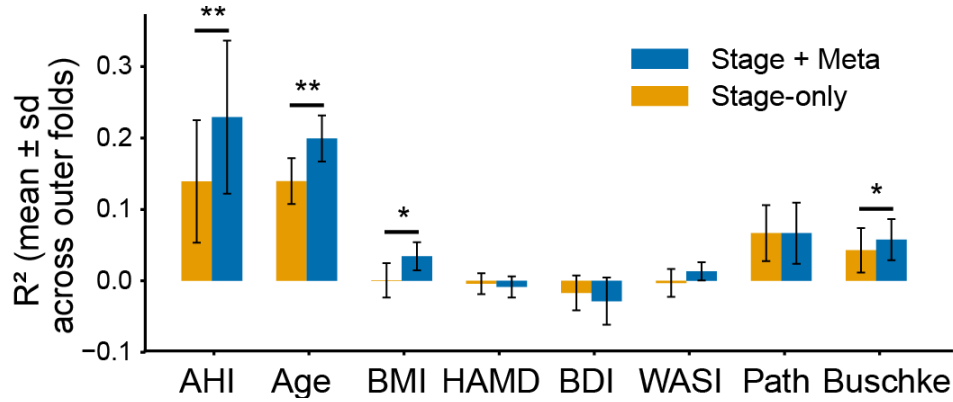
19 The same procedure was applied to functional mood and cognitive outcomes. Panels plot the fold-averaged  $\Delta R^2 =$

20  $(Stage+Meta) - (Stage-only)$  for BDI, HAM-D, POMS, WASI-IQ, Pathfinder, Buschke, SWMT, and PVT. Across

21 outcomes, meta-state features consistently improve prediction relative to staging-only summaries, with the largest

22 gains observed for diagnostic and demographic outcomes.

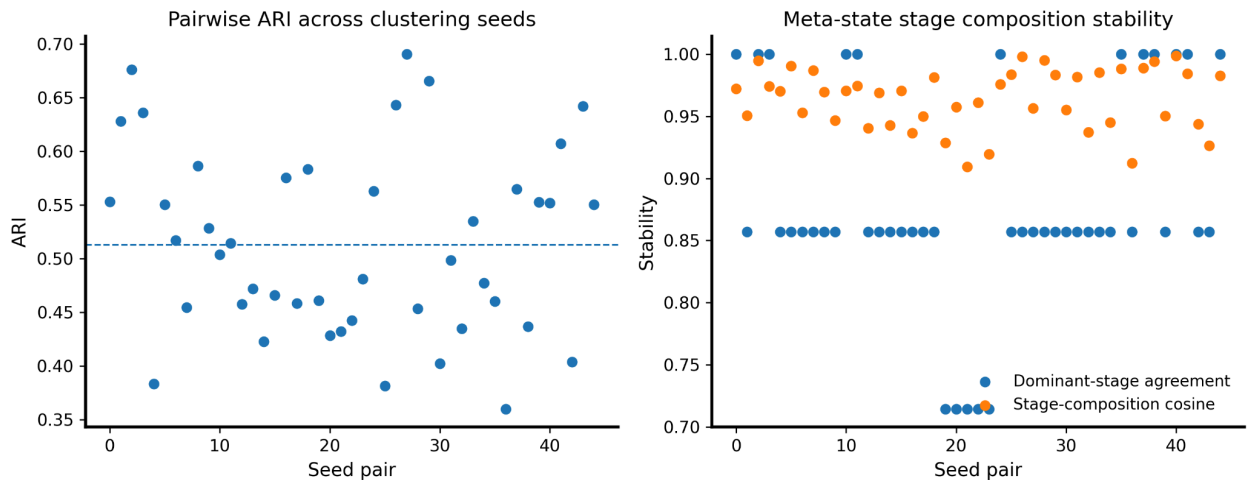




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2 **Supplementary Figure 7 | Meta-state summaries add continuous-outcome signal beyond stage-only sleep**  
3 **summaries.** Mean out-of-fold  $R^2$  for continuous outcome prediction using conventional stage-only sleep-architecture  
4 summaries versus stage summaries augmented with meta-state occupancy/diversity features. Error bars show SD  
5 across outer folds. Adding meta-state features improved prediction most clearly for AHI and age: mean  $R^2$  increased  
6 from 0.139 to 0.211 for AHI ( $\Delta R^2 = +0.072$ ) and from 0.140 to 0.210 for age ( $\Delta R^2 = +0.070$ ). Smaller gains were  
7 observed for BMI and Buschke, whereas mood and other cognitive outcomes showed limited or inconsistent benefit  
8 at this level of aggregation. Asterisks denote paired fold-wise improvement over the stage-only model (\* $p < 0.05$ , \*\* $p$   
9  $< 0.01$ ).

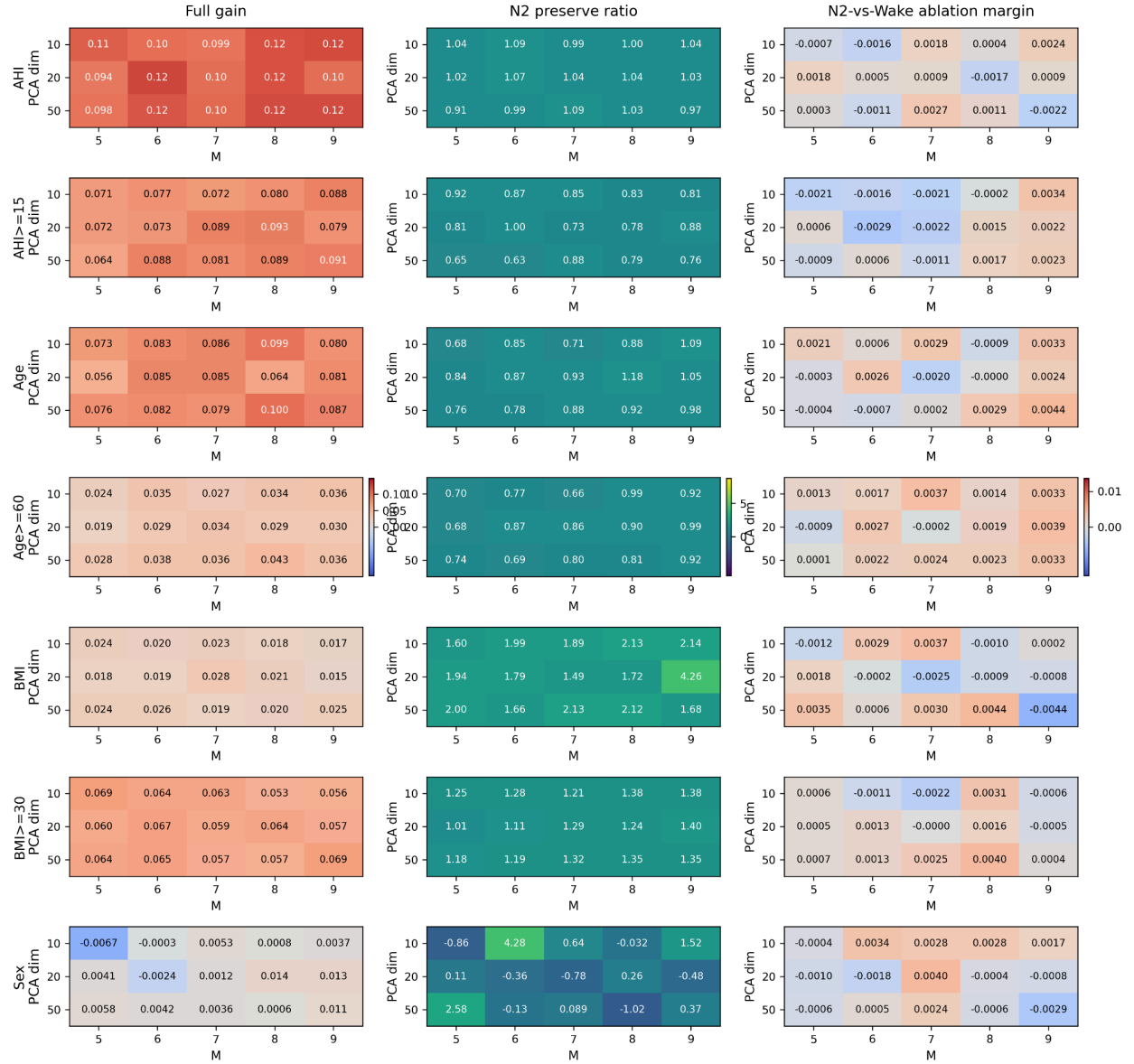
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11

12 **Supplementary Figure 8 | Seed sensitivity and stage-composition stability of the EEG meta-state solution.**  
13 Because subject-specific microstates are used as an intermediate representation for mapping each night into a  
14 shared cross-subject meta-state space, we tested whether the selected EEG meta-state solution was stable to  
15 clustering initialization. The analysis was repeated across 10 random clustering seeds at  $M = 7$ . Left, pairwise  
16 adjusted Rand index (ARI) across all seed pairs showed moderate label-level recoverability of exact meta-state  
17 assignments (mean ARI = 0.513; range, 0.359–0.691), as expected for unsupervised clustering in which cluster  
18 labels and boundaries can vary across initializations. Right, after matching meta-states across runs by their  
19 stage-composition profiles, the physiologically interpretable organization of the solution was substantially more stable:  
20 dominant-stage agreement averaged 0.879 and stage-composition cosine similarity averaged 0.964 across seed  
21 pairs. Thus, although exact microstate labels are not identical across random initializations, the stage-anchored  
22 structure of the shared meta-state space is highly reproducible.

# Local hyperparameter sensitivity | all outcomes | standardized global limits



1

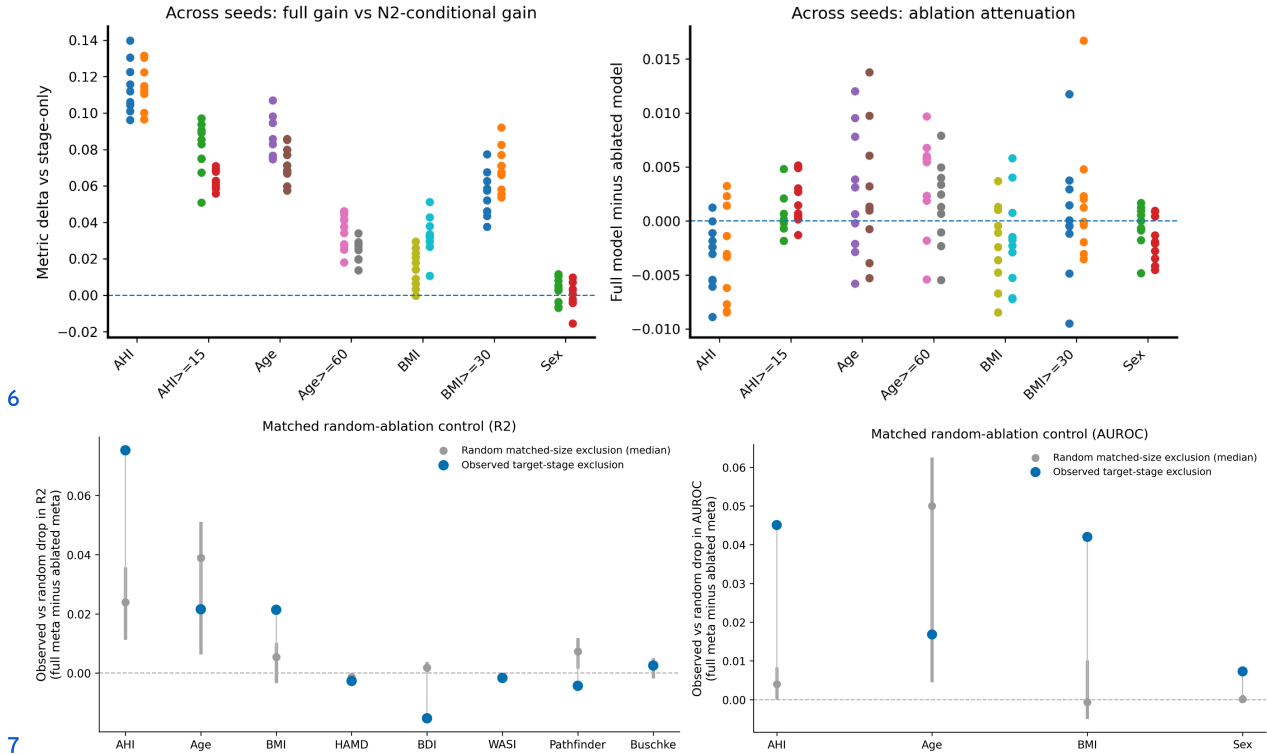
2 **Supplementary Figure 9 | Meta-state results are locally robust to the number of meta-states and PCA**  
3 **dimensionality.** Local hyperparameter sensitivity analysis for the EEG meta-state framework across a grid of  
4 meta-state counts ( $M = 5-9$ ) and PCA dimensionalities used before cross-subject meta-state clustering (10, 20, or 50  
5 PCs). Rows show diagnostic and demographic outcomes; columns summarize three robustness quantities. **Full gain**  
6 denotes the improvement of stage + meta-state features over stage-only summaries, measured as  $\Delta R^2$  for  
7 continuous outcomes (AHI, age, BMI) and  $\Delta AUROC$  for binary outcomes (AHI  $\geq 15$ , age  $\geq 60$ , BMI  $\geq 30$ , sex). **N2**  
8 **preserve ratio** denotes the fraction of the full stage + meta-state gain recovered when meta-state occupancy is  
9 computed conditionally within N2, with values near or above 1 indicating that within-N2 structure preserves most or all  
10 of the full meta-state benefit. **N2-vs-Wake ablation margin** compares the loss of performance after removing  
11 N2-dominant versus Wake-dominant meta-state features; positive values indicate greater attenuation after  
12 N2-dominant ablation. Across the local grid, full meta-state gains remained positive for the principal diagnostic and  
13 demographic outcomes, and within-N2 conditional occupancy generally preserved a substantial fraction of these  
14 gains. In contrast, N2-vs-Wake ablation margins were small and variable across settings, supporting a conservative



1 interpretation that within-N2 heterogeneity contributes importantly to the meta-state signal, while not depending on a  
2 single hyperparameter setting or a uniquely defined N2-dominant cluster subset. Cell values are printed within each  
3 heatmap, and color limits are standardized within each robustness metric to aid visual comparison.

4

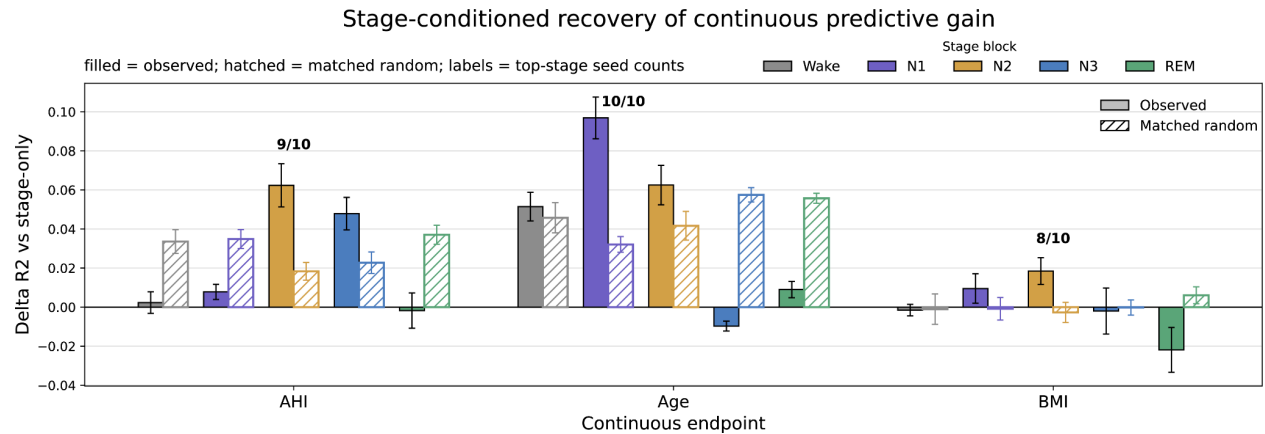
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7

8 **Supplementary Figure 10 | Seed-robust stage+meta gains and stage-localization controls.** Stage+meta  
9 analyses were repeated across clustering seeds to assess robustness of downstream gains and their localization to  
10 N2-linked structure. **Top left**, incremental gain over stage-only features across seeds for the full stage+meta model  
11 and for N2-conditioned meta-state occupancy features. Gains remained positive across all 10 seeds for AHI, AHI  $\geq$   
12 15, Age, Age  $\geq$  60, and BMI  $\geq$  30, and in 9/10 seeds for continuous BMI; sex showed small and less consistent  
13 effects. N2-conditioned features recovered a substantial fraction of the full stage+meta gain, particularly for AHI- and  
14 age-related outcomes. The weaker N2-conditioned recovery for Age  $\geq$  60 relative to continuous Age suggests that  
15 age-related information is more apparent across the continuous age gradient than at a single threshold. **Top right**,  
16 dominant-stage ablation analyses across seeds, plotted as the full model minus the ablated model. Ablation effects  
17 were smaller and more variable than conditional-occupancy gains, indicating that no single dominant-stage subset  
18 uniquely explains the full stage+meta signal. **Bottom row**, matched random-ablation controls for continuous  
19 outcomes ( $R^2$ , left) and binary outcomes (AUROC, right). Blue points show the observed target-stage exclusion; gray  
20 points/intervals summarize matched random exclusions of the same feature count. Together, these analyses support  
21 an important contribution of within-N2 heterogeneity to the incremental stage+meta signal, especially for apnea- and  
22 BMI-related outcomes, while indicating that the SSL-derived advantage is not exclusively driven by N2-linked  
23 features.

24

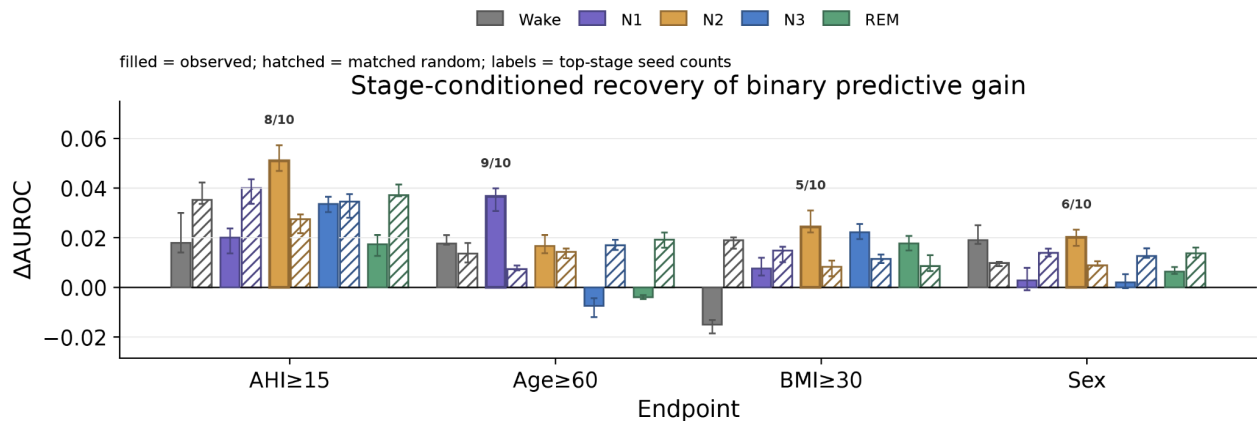


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**2 Supplementary Figure 11 | Stage-conditioned recovery of continuous predictive gain versus matched random**  
**3 controls.** For each continuous outcome, meta-state occupancy features were recomputed conditionally within each  
**4** canonical sleep stage and added to the stage-only baseline. Filled bars show observed  $\Delta R^2$  relative to the stage-only  
**5** model; hatched bars show matched-size random feature-block controls evaluated under the same cross-validation  
**6** folds and clustering seeds. Error bars show variability across seeds. Labels above each outcome indicate how often  
**7** the corresponding stage-conditioned block was the top-performing observed stage across seeds. These analyses  
**8** provide the continuous-outcome counterpart to the binary  $\Delta AUROC$  control (Supplementary Figure 12), showing  
**9** whether within-stage meta-state structure recovers predictive information beyond total stage duration and beyond  
**10** matched random feature additions.

11

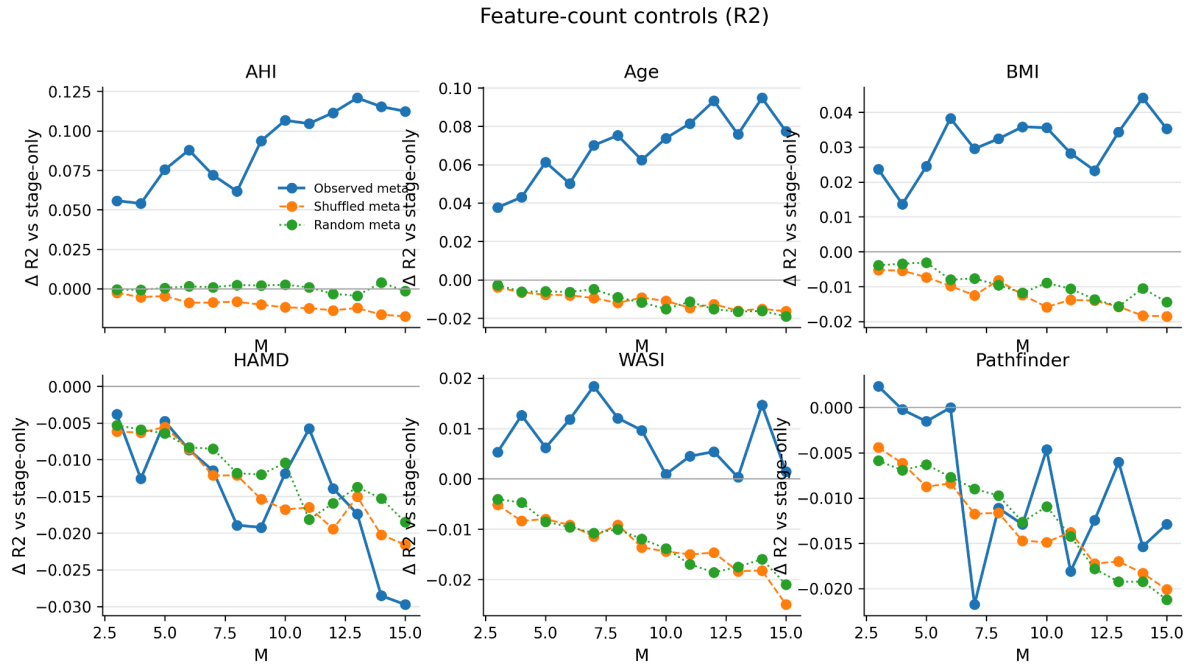
Supplementary robustness: stage-conditioned recovery versus matched random controls



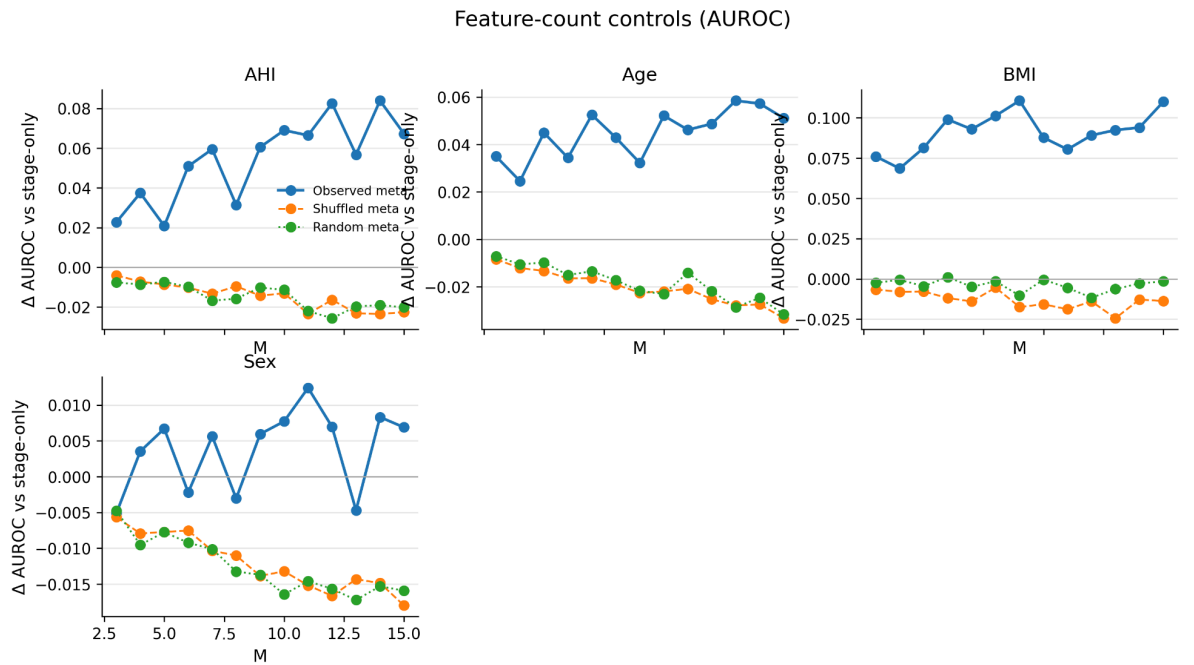
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**13 Supplementary Figure 12 | Stage-conditioned recovery of binary predictive gain versus matched random**  
**14 controls.** For each binary outcome, meta-state occupancy features were recomputed conditionally within each  
**15** canonical sleep stage and added to the stage-only baseline. Filled bars show observed  $\Delta AUROC$  relative to the  
**16** stage-only model; hatched bars show matched-size random feature-block controls evaluated under the same  
**17** cross-validation folds and clustering seeds. Error bars show variability across seeds. Labels above each outcome  
**18** indicate how often the corresponding stage-conditioned block was the top-performing observed stage across seeds.  
**19** N2-conditioned features recovered substantial gain for AHI  $\geq 15$  and BMI  $\geq 30$ , while age and sex showed more  
**20** distributed or weaker stage specificity. These controls indicate that within-stage meta-state structure carries  
**21** outcome-specific predictive information beyond total stage duration and beyond matched random feature additions,  
**22** while also supporting a more cautious interpretation that the SSL advantage is not exclusively N2-driven for all  
**23** outcomes.

1



2 APPLS | meta-state M-sweep | 5-fold CV; clustering fit within fold; seeds=0,1,2,3,4,5,6,7,8,9; stage\_cache=yes; controls=shuffled:20,random:20



3 APPLS | meta-state M-sweep | 5-fold CV; clustering fit within fold; seeds=0,1,2,3,4,5,6,7,8,9; stage\_cache=yes; controls=shuffled:20,random:20

**4 Supplementary Figure 13 | Meta-state predictive gains are not explained by adding more features.** For each candidate number of meta-states  $M$ , we compared the observed stage+meta model against two matched feature-count controls in the same 5-fold cross-validation framework. The observed meta-state features improved held-out AUROC/R<sup>2</sup> beyond stage-only summaries for AHl, age, and BMI across a broad range of  $M$ . In contrast, adding an equally sized shuffled meta-state feature block or a randomized microstate-to-meta-state occupancy block

1 produced near-zero or negative changes in AUROC/R<sup>2</sup>. These controls indicate that the predictive gain depends on  
2 the learned subject-specific meta-state organization rather than simply on adding more predictors.

3

Dataset Summary

| Dataset               | Age<br>(Mean/Mdn) | Age Range<br>(Min./Max.) | Sex (F/M)          | Participants | Overnights    | Total<br>Examples |
|-----------------------|-------------------|--------------------------|--------------------|--------------|---------------|-------------------|
| MESA                  | 69.42/68          | 54/90                    | 991/861            | 1,852        | 1,852         | 87,366            |
| MrOS                  | 74.67/74          | 67/90                    | 0/903              | 903          | 1,808         | 96,713            |
| SHHS                  | 62.47/62          | 39/90                    | 1,229/1,071        | 2,300        | 4,698         | 191,880           |
| WSC                   | 58.16/58          | 37/78                    | 438/481            | 919          | 1,660         | 53,989            |
| SOF                   | 83/82             | 76/90                    | 393/0              | 398          | 398           | 17,581            |
| CFS                   | 41.44/43.31       | 6.77/88.53               | 362/295            | 657          | 657           | 28,826            |
| NCHSDB                | 21.38/19.93       | 18/58.35                 | 88/84              | 172          | 188           | 5,915             |
| <b>Train Total</b>    | <b>63.15/65</b>   | <b>6.77/90</b>           | <b>3,506/3,695</b> | <b>7,201</b> | <b>11,261</b> | <b>482,270</b>    |
| <b>Held-Out Train</b> | <b>63.37/65.5</b> | <b>10.76/90</b>          | <b>381/398</b>     | <b>779</b>   | <b>779</b>    | <b>32,405</b>     |
| DreemO + DreemH       | 35.3, 45.6/-      | -/-                      | 54/26              | 80           | 80            | 742               |
| Sleep-EDF             | 59.21/57          | 25/101                   | 41/36              | 77           | 152           | 1,849             |
| HomePAP               | 46.05/45.98       | 20.25/79.77              | 92/99              | 191          | 191           | 1,668             |
| APPLES                | 51.59/52          | 18/83                    | 353/691            | 1,044        | 1,044         | 9,683             |

4

5 **Supplementary Table 3 | Overview of polysomnography datasets and cohort demographics.** Summary of the  
6 publicly available datasets utilized for model pretraining, internal validation, and downstream clinical evaluation (e.g.,  
7 APPLES, HomePAP, Dreem, Sleep-EDF). For each dataset partition, the total number of PSG recordings, unique  
8 participants, and baseline demographic characteristics (such as age, sex distribution, and relevant clinical metrics)  
9 are provided. Total examples are the number of 50.5min input sequences derived from each corresponding dataset  
10 (note that Training data were augmented by 4x oversampling with a 12.5-epoch hop size).