

Supplementary Table 1. The Korean version of the Berlin Questionnaire

Categories	Item content
Category 1. Habitual snoring	<ol style="list-style-type: none"> 1. Do you snore? <ol style="list-style-type: none"> a. Yes b. No c. Do not know 2. If yes, loudness of your snoring is: <ol style="list-style-type: none"> a. As loud as breathing b. As loud as talking c. Louder than talking 3. How often do you snore? <ol style="list-style-type: none"> a. Almost every day b. 3–4 times per week c. 1–2 times per week d. 1–2 times per month e. Rarely or almost never 4. Has your snoring ever bothered other people? <ol style="list-style-type: none"> a. Yes b. No c. Do not know 5. Has anyone noticed that you stop breathing during your sleep? <ol style="list-style-type: none"> a. Almost every day b. 3–4 times per week c. 1–2 times per week d. 1–2 times per month e. Rarely or almost never
Category 2. Wake-time sleepiness or tiredness	<ol style="list-style-type: none"> 6. How often do you feel tired or fatigued after sleeping? <ol style="list-style-type: none"> a. Almost every day b. 3–4 times per week c. 1–2 times per week d. 1–2 times per month e. Rarely or almost never 7. During your waking time, do you feel tired, fatigued or not up to par? <ol style="list-style-type: none"> a. Almost every day b. 3–4 times per week c. 1–2 times per week d. 1–2 times per month e. Rarely or almost never 8. Have you ever nodded off or fallen asleep while driving a vehicle? <ol style="list-style-type: none"> a. Yes b. No 9. If yes, how often does this occur? <ol style="list-style-type: none"> a. Almost every day b. 3–4 times per week c. 1–2 times per week d. 1–2 times per month e. Rarely or almost never
Category 3. The presence of hypertension or obesity	<ol style="list-style-type: none"> 10. Do you have high blood pressure? <ol style="list-style-type: none"> a. Yes b. No c. Do not know