

Supplementary Table 1. Symptoms of sleep disorders questionnaire

Check in yes or no about your sleep issues during 4 weeks.

1. Do you snore? or Have you ever heard yourself snore?
 2. Has anyone else observed that you display shortness of breath while sleeping?
 3. Do you wake up more than twice per night due to the need to urinate?
 4. Do you have difficulties falling asleep?
 5. Do you wake up in the middle of the night?
 6. Do you talk in your sleep?
 7. Do you act out your dreams?
 8. Do you take more naps during the day?
 9. Do you wake up with a cramp?
 10. Overall, do you think you have a sleeping problem?
 11. Do you want to be treated with your sleep problems?
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