

Table 2. *The Berlin and the STOP-BANG Questionnaires for detecting OSA symptoms.*

Berlin Questionnaire	STOP-BANG Questionnaire
Has your weight changed?	Do you snore loudly?
Do you snore?	Do you often feel tired, fatigued, or sleepy during daytime?
Snoring loudness.	Has anyone observed you stop breathing or choking/gasping during your sleep?
Snoring frequency.	Do you have or are being treated for high blood pressure?
How often have your breathing pauses been noticed?	Body Mass Index more than 35 kg/m ² ?
Are you tired during wake time?	Age older than 50?
Have you ever fallen asleep while driving?	Neck size?
Do you have high blood pressure?	Male gender?
	High risk of OSA: positive answer to ≥ 3 items
	Low risk of OSA: positive answer to < 3 items