Supplemental Materials

**REM Sleep Behavior Disorder and Its Possible Prodromes in General Population: Prevalence, Polysomnography Findings, and Associated Factors**

**List of Supplemental Materials:** Supplemental Methods

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**Analysis of the clinical, lifestyle, sleep, and cognitive function profiles**

Excessive daytime sleepiness was defined as an ESS score of ≥ 11, and poor sleep quality as a PSQI score of ≥ 6. Depressive symptoms were evaluated using Beck Depression Inventory (BDI) with a score ≥ 16 as criterion for depressed mood. Cognitive function was assessed using the Korean version of the Mini-Mental Status Examination (MMSE), with score ≤ 24 as the criterion for cognitive impairment. e1, e2, e3, e4

**Structured telephone interview for the presence of DEB**

Through the clinical interview, the presence of DEB and its details were documented. First part of interview included three questions addressed in a stepwise manner: 1) ‘Have you ever experienced, or your bedpartners ever mentioned that you did unusual behaviors while sleeping, such as kicking, punching, flailing arms, throwing, talking or shouting with some content, sitting or getting out of the bed?’; 2) ‘Do you think that you acted out your dream during the events? (i.e., are you moving as you do in your dream?)’; 3) ‘How many times have you experienced this kind of events in your lifetime?’. DEB was regarded present when the subject or bedpartners reported abnormal behaviors during sleep, the subject clearly described those behaviors as dream enactments, and the lifetime occurrences were at least twice. Recurrent episodes of isolated sleep talking without other motor activity were not regarded as DEB, regardless of the subjects’ relevant dream recalls.