

Username: test one

Classification: Severe

Q1. Do they tell you that you snore?: No

Q2. Do they tell you that sometimes you stop breathing or have sleep apnea?: Yes

Q3. Do you wake up during the night with an urge to urinate?: Yes

Q4. Does it happens to you not being satisfied with how you slept?: Yes

Q5. Do you frequently feel the desire or need to sleep during the day except after lunch?: Yes

Q6. Do you take medications for high blood pressure?: Yes