Prepare for your appointment

Bring this sheet and your observation log to help guide the conversation.

Name: _____ Appointment date: _____

Healthcare professional / clinic: _____

1. What I have noticed

- ☐ Loud or frequent snoring
- ☐ Waking up gasping or choking
- ☐ Unrefreshing sleep
- ☐ Breathing pauses noticed by someone
- ☐ Daytime sleepiness or dozing
- ☐ Morning headache or dry mouth

When it started / how often it happens:

Effect on my sleep, daily life, or my partner (include any drowsy-driving episodes):

2. What I have tried and what changed

Include sleep position, routines, nasal products, or devices. Note what helped or did not.

3. Health details to share

List relevant health conditions, nasal congestion, prior sleep tests, or family sleep history.

Bring a list of medicines and supplements with doses, including sleep aids. Note usual alcohol and caffeine use and timing below.

4. Questions I want to ask

- ☐ Could these symptoms suggest sleep apnea or another sleep problem?
- ☐ Would a sleep study or referral be appropriate?
- ☐ What options are suitable for me, and when should we follow up?

My most important question:

Agreed next step / follow-up: