



The Sleep-Apnea Note for Your Doctor

Fill this in over one week. Hand it over at your next visit — it answers what your doctor will ask.

Why this page exists. When blood pressure will not come down, sleep is one of the places worth looking — sleep apnea is a common and frequently missed contributor to blood pressure that stays high despite treatment. The single most useful thing you can bring is **what someone else has observed while you sleep**, because most people cannot observe their own breathing. This page is not a test and it cannot tell you whether you have sleep apnea. It organizes what you have noticed so your own doctor can decide what, if anything, to do next.

1 · WHAT SOMEONE ELSE HAS NOTICED

- ☐ Loud snoring, most nights
- ☐ **Pauses in breathing**, then a gasp or snort
- ☐ Restless sleep, kicking, or frequent tossing
- ☐ Choking or gagging sounds
- ☐ They have moved to another room to sleep
- ☐ No one has been able to observe me sleeping

Their exact words (this is clinical information — write it as said):

2 · WHAT I NOTICE IN THE DAYTIME

	Rarely	Some days	Most days
Wake up unrefreshed			
Morning headache			
Sleepy enough to doze off sitting still			
Trouble concentrating			
Wake to urinate more than once			
Low mood or irritability			

3 · ONE WEEK OF NIGHTS — TICK WHAT APPLIES EACH MORNING

Night / date	Hours asleep	Woke unrefreshed	Morning headache	Dozed off in the day	Blood pressure (if you measured)	Anything else worth saying
1						
2						
3						
4						
5						
6						
7						

4 · MY CONTEXT

Blood pressure medicines I take now (number)	
Has my blood pressure stayed high on them?	
Have I ever had a sleep study?	
I drive / operate machinery	

Do not change any medicine before this visit. Bring the list, not a decision.

5 · WHAT I WANT TO ASK

"My blood pressure isn't coming down. Should I be tested for sleep apnea?"

"My partner says I stop breathing at night — what does testing involve?"

"Would a home sleep test be reasonable for me, or do I need the lab?"

My own question:

Do not wait for the appointment — call 911

Call 911 (or your local emergency number) right away for chest pain or pressure, trouble breathing, stroke signs (sudden loss of balance, sudden vision change, face drooping, arm weakness, speech trouble), fainting, confusion, severe bleeding, or any severe or sudden symptom. **Don't wait, and don't drive yourself.** If you are falling asleep at the wheel or at stoplights, stop driving and tell your doctor — that is urgent, not embarrassing.

For education only — general health information, not medical advice, diagnosis, or treatment, and it does not create a doctor–patient relationship. This page does not diagnose anyone and cannot tell you whether you have sleep apnea; only testing arranged by your own doctor can. Loud snoring is common and most people who snore do not have sleep apnea. Never start, stop, or change any medication or prescribed therapy without your own doctor. In an emergency, call 911.

Sources: NHLBI — Sleep Apnea · AHA Scientific Statement, Resistant Hypertension (Carey et al., *Hypertension* 2018) · AASM Clinical Practice Guideline, Diagnostic Testing for Adult OSA (2017). · © 2026 Schamma Salomon, MD · Dr. Schamma Explains™ · Free to print and share, unchanged. · drschammaexplains.com/cards/v11-sleep-apnea-note