
Worksheet 5a. Ask the Person Beside You

Hand this to the person who shares your room (Chapter 5). They tick what they’ve noticed **in the past month**. This sheet gives no score and can’t diagnose anything.

What has the person beside you noticed?	Yes	No	Not sure
You snore loudly and regularly, audible through a closed door	☐	☐	☐
You stop breathing for a while , then gasp, snort or jolt	☐	☐	☐
You toss and turn, or your legs kick or twitch again and again	☐	☐	☐
You get up several times to pass urine	☐	☐	☐
You nod off mid-conversation, during a film or as a passenger	☐	☐	☐

Reading it:

- **Yes to line 2:** Lane 2. Book an appointment and say exactly this: “The person I sleep beside has seen me stop breathing in my sleep.”
- **Yes to line 3:** ask your doctor about restless legs and an iron test.
- **Yes to line 1 or 5,** with daytime tiredness that has lasted: Lane 2.
- Nothing ticked but still tired: use the 14-day diary.