





3. Share your opinion both about the visit and about the treatment. Tell the doctor if you feel rushed, worried, or uncomfortable. If necessary, you can offer to come back for a second visit to discuss your concerns. Try to express your feelings positively. For example, you might say something like, "I know you've got to see a lot of patients, but I'm really worried about that. I would feel much better if we could talk about it a little bit more." The right communication is a big part of the right treatment.
4. Remember that the doctor is not always able to answer all your questions. Even the best doctor may not be able to answer some questions. Most doctors will tell you when they have no answers. However, they can help you find the information you need or refer you to another specialist.

Attachment I – Subjects list

Doctor's name	Consult date	Time	Address	Telephone nr

Subjects in order of importance
1
2
3
4
5
6
7
8
9
10
Notes:



Attachment III – Two weeks sleep diary

**INSTRUCTIONS:**

1. Write the date, day of the week, and type of day: Work/School/Day Off/Vacation.
2. Put "C" in the box when you have coffee, soft drink, or tea. Put "M" when you take any medicine. Put "A" when you drink alcohol. Put "E" when you exercise.
3. Put a line (|) to show when you go to bed. Shade in the box that shows when you think you fell asleep.
4. Shade in all the boxes that show when you are asleep at night or when you take a nap during the day
5. Leave boxes unshaded to show when you wake up at night and when you are awake during the day.



SAMPLE ENTRY: On Monday, a work day, I jogged on my lunch break at 1 pm, had a glass of wine with dinner at 6 pm, fell asleep watching TV from 7 pm to 8 pm, went to bed at 10:30 pm, fell asleep around midnight, woke up and couldn't get back to sleep at about 4 am, went back to sleep from 5 am to 7 am and had coffee and medicine at 7:00 am.

Today's Date	Day of the week	Type of Day Work, School, Off, Vacation	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00
Sample	Monday	Work		E					A				I													

week 1

week 2