Type 2 Diabetes Secondary to Sleep Apnea Claim Guide:
Summary and Worksheets

Your own working pages. These are your notes in your own words. They are not a VA form, they are not sent to the VA, and nothing here is a medical finding or a prediction about your claim.

Start with the essentials

1 **Keep the two conditions separate**

Record the history, diagnosis, symptoms, and treatment for Sleep Apnea and Type 2 Diabetes separately before describing the possible relationship.

2 **Ask about causing and worsening separately**

A clinician may need to address whether Sleep Apnea caused Type 2 Diabetes, whether it worsened it, and what other explanations the record shows.

3 **Build the timeline from records you have**

Mark missing or unverified records honestly. Research from published Board decisions describes the record reviewed; it does not predict an individual claim.

How to use this packet

Complete only what helps you prepare. Use approximate dates when exact dates are unavailable. Mark records as missing or unverified instead of guessing.

The full guide, research, charts, rating discussion, sources, and current information remain online at:

https://ratemyvso.net/dc/secondary/type-2-diabetes-secondary-to-sleep-apnea

WORKSHEET 1 OF 5

Two-condition timeline

Optional working notes for Type 2 Diabetes. Write only what you know. Leave anything blank that does not apply.

Sleep Apnea: diagnosis, symptoms, treatment, and service-connected history

Type 2 Diabetes: diagnosis, onset, symptoms, and treatment

When the second condition began or changed, and what records show at that time

Your notes stay yours. This blank PDF is not submitted to the VA. Saving answers through the website requires your RateMyVSO account.

WORKSHEET 2 OF 5

Type 2 Diabetes: symptoms and daily function

Optional working notes for Type 2 Diabetes. Write only what you know. Leave anything blank that does not apply.

Symptoms, findings, frequency, duration, and changes over time

Effects on work, sleep, mobility, relationships, and ordinary activities

Testing, treatment, medicines, devices, and response

Your notes stay yours. This blank PDF is not submitted to the VA. Saving answers through the website requires your RateMyVSO account.

WORKSHEET 3 OF 5

Provider questions about the relationship

Optional working notes for Type 2 Diabetes. Write only what you know. Leave anything blank that does not apply.

Questions and records about whether Sleep Apnea caused Type 2 Diabetes

Questions and records about whether Sleep Apnea worsened Type 2 Diabetes

Other explanations, baseline history, treatment effects, and missing evidence the provider should consider

Your notes stay yours. This blank PDF is not submitted to the VA. Saving answers through the website requires your RateMyVSO account.

WORKSHEET 4 OF 5

Records and unanswered questions

Optional working notes for Type 2 Diabetes. Write only what you know. Leave anything blank that does not apply.

Record, date, source, and page if known

Do I have my own copy?

- ☐ Not sure
- ☐ I have a copy
- ☐ Requested, still waiting
- ☐ I do not have a copy

Do I know whether the VA has it?

- ☐ Unknown or not verified
- ☐ Submission receipt available
- ☐ Listed in my decision letter
- ☐ Not submitted by me

Missing records, request dates, and questions to follow up

Your notes stay yours. This blank PDF is not submitted to the VA. Saving answers through the website requires your RateMyVSO account.

WORKSHEET 5 OF 5

Decision-letter reading sheet

Optional working notes for Type 2 Diabetes. Write only what you know. Leave anything blank that does not apply.

Letter date, condition, and what the VA decided

Reasons and evidence listed, with page numbers

Dates and instructions in the letter; questions for a representative

Your notes stay yours. This blank PDF is not submitted to the VA. Saving answers through the website requires your RateMyVSO account.