**Sample Sleep Apnea VA Buddy Letter From a Spouse**

**Subject:** Buddy Letter for Sleep Apnea – [Insert Veteran's Full Name]  
**Date:** [Insert Date]  
**From:** [Your Full Name]  
**Address:** [Your Address]  
  
**To Whom It May Concern,**

My name is [Your Name], and I am the spouse of [Veteran's Name]. We have been married since [Insert Year], and I have had the opportunity to observe [Veteran's Name]’s sleep patterns and related symptoms for many years. I am writing this statement to provide insight into the sleep issues and other symptoms I have personally witnessed, which I believe are consistent with sleep apnea.

**Sleep Observations**

Since our time together, I have noticed that [Veteran's Name] snores very loudly at night. The snoring is often disruptive and irregular, and there are times when it suddenly stops, followed by choking or gasping sounds. This pattern of breathing has occurred almost every night for as long as I can remember. There have also been instances where it seemed as though [Veteran's Name] stopped breathing for several seconds before abruptly resuming with a gasp. These episodes have always been concerning, but at the time, we didn’t understand the seriousness of these symptoms.

**Daytime Symptoms**

In addition to the nighttime sleep disturbances, I’ve observed that [Veteran's Name] frequently feels tired and drowsy during the day. He often wakes up feeling unrefreshed, no matter how many hours of sleep he gets. I’ve noticed that he struggles to stay awake while watching TV, sitting quietly, or during long car rides. He has also mentioned experiencing difficulty concentrating and feeling irritable, which I believe are related to his poor-quality sleep.

**Impact on Daily Life**

These sleep issues have had a significant impact on [Veteran's Name]’s daily life and overall well-being. The persistent fatigue and lack of quality sleep have affected his ability to fully engage with our family and complete household responsibilities. I recall numerous instances where he was unable to participate in family activities or outings because of how exhausted he felt. Over time, these issues have not only affected his health but have also caused a great deal of stress for both of us.

**Connection to Military Service**

From what I understand, these symptoms began during [Veteran's Name]’s military service and have progressively worsened over the years. He has often mentioned that during his time in the [Branch of Service], he experienced poor sleep conditions, stress, and long hours that likely contributed to the development of his sleep issues. While he wasn’t formally diagnosed with sleep apnea during service, I strongly believe that his time in the military played a significant role in the onset of these symptoms.

**Closing Statement**

I fully support [Veteran's Name]’s claim for VA disability benefits related to sleep apnea. I have witnessed firsthand how these symptoms have affected him and our family, and I am hopeful that this letter provides additional evidence to support his claim. This statement is true and accurate to the best of my knowledge and belief. If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your time and consideration.

Sincerely,

[Sign Your Name]   
[Type Your Full Name]

[Insert Your Email Address]  
[Insert Your Phone Number]