

# LAMBERG QUESTIONNAIRE

Version 12

Correlating Sleep-Related Breathing Disorders and Health

www.drlamberg.com

## 1: STANDARD QUESTIONS

- ☐ Do you awaken unrefreshed or feel sleepy during the day due to restless sleep?
- ☐ Is your snoring loud enough to disturb others?
- ☐ Have you been aware of your snoring for a long time?
- ☐ Have you been told your breathing stops while asleep?
- ☐ Do you ever wake yourself from sleep feeling that you are choking?
- ☐ Have you ever had a sleep study?
- ☐ Have you tried CPAP? (was the pressure > 10.5 cm? Y/N)
- ☐ Is your BMI > 27? Is your neck > 17" men, or > 15.5" women?
- ☐ Do the edges of your tongue have a scalloped pattern?

## 2: CARDIOLOGY & VASCULAR

- ☐ Do you have high blood pressure or take medicine for hypertension?
- ☐ Have you been diagnosed with: CAD, Stroke, Congestive Heart Failure, A Fib, or other heart health issues?
- ☐ Do you have a pacemaker?
- ☐ Do you have elevated total cholesterol levels?

## 3: PULMONOLOGY

- ☐ Have you experienced difficulty breathing during the day?
- ☐ Do you have shortness of breath, even with mild exertion?
- ☐ Have you been diagnosed with COPD, Asthma, or Pulmonary Hypertension?
- ☐ Is Asthma worse at night?
- ☐ Do you have a chronic cough, either dry or productive?

## 4: GASTROENTEROLOGY

- ☐ Do you experience heartburn or acid reflux at night or when you awaken in the morning?
- ☐ Have you or your dentist noticed erosion on molars?
- ☐ Do you take heartburn medications, either prescription or OTC?

## 5: NEUROLOGY

- ☐ Do you experience numbness, tingling or pain in your feet or hands or head?
- ☐ Do you ever experience leg cramps at night?
- ☐ Do you ever experience muscle weakness or dizziness or difficulty with coordination?
- ☐ Have you ever been diagnosed with Alzheimer's or Dementia?

## 6: ENDOCRINOLOGY

- ☐ Have you been diagnosed with diabetes or hypothyroidism?
- ☐ Have you unexpectedly gained or lost weight lately?
- ☐ Have you gone through menopause? Are you on HRT?
- ☐ Have you been diagnosed with low testosterone?
- ☐ Do you experience repetitive limb movements or jerks in sleep, urges to move legs, night sweats, or leg cramps?

## 7: OTOLARYNGOLOGY

- ☐ Do you have difficulty breathing through your nose?
- ☐ Do you experience a dry mouth upon awakening?
- ☐ Do you have allergies that make nasal breathing difficult?
- ☐ Is post-nasal drip a frequent problem?

## 8: UROLOGY

- ☐ Do you experience erectile dysfunction?
- ☐ Experience decreased interest in sex or have you taken medications to enhance sexual performance?
- ☐ Do you ever leak urine involuntarily?
- ☐ Do you have to urinate several times at night, or have you been diagnosed with BPH?

## 9: DENTAL (BRUXISM, TMD, PERIODONTICS, ORTHODONTICS)

- ☐ Do you grind your teeth while sleeping?
- ☐ Do your front teeth have a worn look?
- ☐ Have you had jaw muscles or joint pain, ringing in your ears, vertigo, or dizziness?
- ☐ Have you been diagnosed with periodontitis (gum disease)?
- ☐ Are your teeth crowded or crooked, or jaws misaligned?

## 10: PSYCHOLOGY & PSYCHIATRY

- ☐ Are you irritable upon waking in the morning?
- ☐ Do you experience insomnia? (falling asleep or maintaining sleep)
- ☐ Do you experience: depression, PTSD, memory or concentration problems?
- ☐ Do you take medications for any of these conditions?

## 11: RHEUMATOLOGY

- ☐ Have you ever been diagnosed with Gout?
- ☐ Have you ever been diagnosed with Rheumatoid Arthritis?

## 12: DERMATOLOGY

- ☐ Have you been diagnosed with Atopic Dermatitis (Eczema) or Psoriasis?

## 13: OPHTHALMOLOGY

- ☐ Have you been diagnosed with: floppy eyelid syndrome, chronic eye irritation, dry eye syndrome, glaucoma, nonarteritic anterior ischemic optic neuropathy, papilledema, keratoconus, central serous chorioretinopathy, or macular edema?
- ☐ Are you taking anti-vascular endothelial growth factor meds for retinal disease?

## 14: CHRONIC PAIN

- ☐ Do you often wake up with headaches or have chronic headaches?
- ☐ Do you experience any chronic pain anywhere in your body?
- ☐ Do you take medications for pain on a daily basis?

## 15: HEPATOLOGY

- ☐ Have you ever been diagnosed with nonalcoholic fatty liver disease?

## 16: ONCOLOGY

- ☐ Have you ever been diagnosed with cancer?

## 17: OBSTETRICS (GESTATIONAL OSA)

- ☐ Pre-pregnancy: are you older or is your BMI>25?
- ☐ Are you more fatigued, experience nasal congestion, or have frequent snoring?
- ☐ Has your BP or blood sugar increased significantly?

## 18: PEDIATRICS (EXCLUDE FROM SCORING)

- ☐ Do you know any children who are mouth breathers, have large tonsils, or who make any sleep breathing sounds?
- ☐ Do you know any children with bedwetting problems?
- ☐ Do these children have a crossbite or convex facial profile?

Risk level of having a Sleep Related Breathing Disorder:

1 LOW 2-3 MODERATE 4+ HIGH

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

Score: \_\_\_\_\_

