

# THE LAMBERG QUESTIONNAIRE

Sleep Quality & Health Relationship Survey V-14



Name \_\_\_\_\_

Date \_\_\_\_\_

## 1: STANDARD QUESTIONS

- Do you awaken unrefreshed or feel sleepy during the day from poor 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? Or is your neck size > 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, Atrial Fibrillation (A Fib), or other heart health issues?
- Do you have a pacemaker?
- Do you have elevated total cholesterol levels?

## 3: PULMONOLGY

- Have you ever experienced difficulty breathing during the day?
- Do you have shortness of breath, even with mild exertion?
- Have you been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Hypertension or Asthma?
- If you have Asthma is it 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 in the morning?
- Have you or your dentist noticed erosion on your molar teeth?
- Do you take heartburn medications, either prescription or over the counter?

## 5: NEUROLOGY

- Do you experience numbness, tingling or pain in your feet, hands, or head?
- Do you ever experience leg cramps at night?
- Do you ever experience muscle weakness, dizziness, or difficulty with coordination?
- Have you 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 Hormone Replacement Therapy?
- Have you been diagnosed with low testosterone?
- Do you experience repetitive limb movements or jerks in sleep, urges to move legs, or night sweats?

## 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 postnasal drip a frequent problem?

## 8: UROLOGY

- Do you experience erectile dysfunction?
- Do you 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 Benign Prostatic Hyperplasia (BPH)?

## 9: DENTAL (BRUXISM, TMD, PERIODONTICS, AND 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 very crowded or crooked or jaws misaligned?

## 10: PSYCHOLOGY & PSYCHIATRY

- Are you irritable upon waking in the morning?
- Do you experience insomnia? (either falling asleep or maintaining sleep)
- Do you experience: depression, Post Traumatic Stress Disorder, 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 antivascular endothelial growth factor medications 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)

- In pregnancy: Are you 35 or older or is your BMI>25?
- Are you more fatigued, experience nasal congestion or have frequent snoring?
- Has you BP or blood sugar increased significantly?

## 18: NEPHROLOGY

- Has you been diagnosed with kidney disease?

## 19: PEDIATRICS (EXCLUDE FROM SCORING)

- Do you know any children who are mouth breathers, 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?

TOTAL SCORE \_\_\_\_\_ Suspicion Level (Items Checked):

1 LOW      2-3 MODERATE      4+ HIGH

Special thanks to Dr. Steven Lamberg for questionnaire design.