

LAMBERG QUESTIONNAIRE

Version 14

Associating Snoring and Sleep Apnea with Health

www.drlamberg.com

1: TRADITIONAL SCREENING 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" for a man, or > 15.5" for a woman?
- Do the edges of your tongue have a scalloped pattern?

2: CARDIOLOGY & VASCULAR MEDICINE

- Do you have high blood pressure or take medicine for hypertension?
- Have you been diagnosed with CAD, stroke, congestive heart failure, Afib, 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

- Have you or your dentist noticed erosion on molars?
- Do you experience heartburn or acid reflux at night or when you awaken in the morning?
- 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 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 BPH?

9: DENTISTRY

- 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 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 prepregnancy: Are you 35 or 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: NEPHROLOGY

- Have you been diagnosed with kidney disease?

19: 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: _____

