LAMBERG QUESTIONNAIRE  Version 6.1
Correlating Sleep Quality & Health

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? Or is your neck size > 17 men, or > 15.5 women?

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 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 or Asthma? 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 in the morning?
☐ Have you or your dentist noticed erosion on molars?
☐ Do you take heartburn medications, either prescription or over the counter?

5: NEUROLOGY
☐ Do you experience numbness, tingling or pain in your feet or hands or head?
☐ 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?
☐ 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 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 very crowded or crooked?

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, 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
☐ Atopic Dermatitis (Eczema)

13: 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?

14: 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?

TOTAL SCORE: __________
Suspicion Level (Items Checked):
1 LOW  2-3 MODERATE  4+ HIGH

Name:_______________________________________________  Date:____________________