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THE LAMBERG QUESTIONNAIRE Sleep Quality & Health Relationship Questionnaire

A Risk Assessment Tool for Sleep Apnea

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?

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 elevated total cholesterol levels
- Do you have a pacemaker?

3: PULMONOLGY

- Have you ever had trouble breathing during the day?
- Do you have shortness of breath, even with mild exertion?
- Have you been diagnosed with Chronic Obstructive Pulmonary Disease? (COPD or Asthma? Is Asthma worse at night?)
- Do you have 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 muscle weakness, dizziness, or difficulty with coordination?

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?
- 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?
- 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 the 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, 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: 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 daily?

13: 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 Checks): 1-LOW 2-3 MODERATE 4+HIGH

Name: _____

DATE: _____

Special thanks to Dr. Steven Lamberg for questionnaire design.