

LLIS Lymphedema Life Impact Scale

version 1

Patient Name _____ Eval Date _____ 10th visit _____ 20th visit _____ D/C _____

Listed below are symptoms or problems many individuals with lymphedema report. Please indicate to what extent these problems associated with your lymphedema have affected you in the past 2 weeks. If both limbs are swollen, compare symptoms in the swollen limbs to any non-swollen limbs. Circle the number which best describes your symptom level.

I. Physical Concerns

- | | | | | | |
|--|-----------------|--------|---------|---------|---------------------|
| 1. The amount of pain associated with my lymphedema is: | 1 | 2 | 3 | 4 | 5 |
| | No pain | | | | Severe pain |
| 2. The amount of limb heaviness associated with my lymphedema is: | 1 | 2 | 3 | 4 | 5 |
| | No heaviness | | | | Extremely heavy |
| 3. The amount of skin tightness associated with my lymphedema is: | 1 | 2 | 3 | 4 | 5 |
| | No tightness | | | | Extremely tight |
| 4. In comparison to my unaffected limb, the size of my swollen limb seems: | 1 | 2 | 3 | 4 | 5 |
| | Same size | | | | Extremely large |
| 5. In comparison to my unaffected limb, the skin texture of my swollen limb feels: | 1 | 2 | 3 | 4 | 5 |
| | The same | | | | Extremely different |
| 6. Lymphedema affects movement of my swollen limb: | 1 | 2 | 3 | 4 | 5 |
| | Normal movement | | | | Greatly limited |
| 7. The strength in my swollen limb compared with the unaffected limb is: | 1 | 2 | 3 | 4 | 5 |
| | Equal strength | | | | Extremely weak |
| 8. How often have you become ill with an infection in your swollen limb requiring oral antibiotics or hospitalization in the past 2 YEARS? | 1 | 2 | 3 | 4 | 5 |
| | Never | <1x/yr | 1-3x/yr | 4-6x/yr | 7-9x/yr |

II. Psychosocial Concerns

- | | | | | | |
|---|-----------------|---|---|---|-----------------------|
| 9. Lymphedema affects my body image (i.e. "How I think I look."): _____ | 1 | 2 | 3 | 4 | 5 |
| | Not at all | | | | Severely |
| 10. Lymphedema affects my socializing with others: | 1 | 2 | 3 | 4 | 5 |
| | No interference | | | | Interferes completely |
| 11. Lymphedema affects my intimate relations: | 1 | 2 | 3 | 4 | 5 |
| | No interference | | | | Interferes completely |
| 12. Lymphedema "gets me down" (i.e. I have feelings of depression, frustration, or anger due to the lymphedema.): _____ | 1 | 2 | 3 | 4 | 5 |
| | Never | | | | Constantly |

LYMPHEDEMA LIFE IMPACT SCALE (cont.)

III. Functional Concerns

13. Lymphedema affects my ability to perform duties at home:	1 No interference	2	3	4	5 Interferes completely
14. Lymphedema affects my ability to perform duties at work (if applicable):	1 No interference	2	3	4	5 Interferes completely
15. Lymphedema affects my performance of preferred recreational activities:	1 No interference	2	3	4	5 Interferes completely
16. Lymphedema affects the proper fit of clothing/shoes:	1 Fit normally	2	3	4	5 Unable to wear
17. Lymphedema affects my sleep:	1 No interference	2	3	4	5 Interferes greatly
18. I must rely on others for help due to my lymphedema:	1 Not at all	2	3	4	5 Completely