



# Lymphedema Life Impact Scale

version 2

Patient Name \_\_\_\_\_ Eval \_\_\_\_\_ 10<sup>th</sup> visit \_\_\_\_\_ 20<sup>th</sup> visit \_\_\_\_\_ 30<sup>th</sup> visit \_\_\_\_\_ D/C \_\_\_\_\_

Listed below are symptoms or problems reported by many individuals with lymphedema. Please indicate to what extent these problems associated with your lymphedema has affected you in **the past week**. Circle the number which best describes your symptom level.

## I. Physical Concerns (NOTE: If swelling and symptoms are the same in both limbs, rate them the same; otherwise, rate only the worst limb)

- |   |                      |   |   |   |                        |
|---|----------------------|---|---|---|------------------------|
| 1. The amount of pain associated with my lymphedema is:           | 0<br>no pain         | 1 | 2 | 3 | 4<br>severe pain       |
| 2. The amount of limb heaviness associated with my lymphedema is: | 0<br>no heaviness    | 1 | 2 | 3 | 4<br>extremely heavy   |
| 3. The amount of skin tightness associated with my lymphedema is: | 0<br>no tightness    | 1 | 2 | 3 | 4<br>extremely tight   |
| 4. The size of my swollen limb(s) seems:                          | 0<br>normal size     | 1 | 2 | 3 | 4<br>extremely large   |
| 5. Lymphedema affects the movement of my swollen limb(s):         | 0<br>normal movement | 1 | 2 | 3 | 4<br>extremely limited |
| 6. The strength in my swollen limb(s) is:                         | 0<br>normal strength | 1 | 2 | 3 | 4<br>extremely weak    |

## II. Psychosocial Concerns

- |   |                      |   |   |   |                            |
|---|----------------------|---|---|---|----------------------------|
| 7. Lymphedema affects my body image (how I think I look): | 0<br>not at all      | 1 | 2 | 3 | 4<br>completely            |
| 8. Lymphedema affects my socializing with others.         | 0<br>no interference | 1 | 2 | 3 | 4<br>interferes completely |

## II. Psychosocial Concerns (cont.)

9. Lymphedema affects my intimate relations with spouse or partner (rate 0 if not applicable).	0 no interference	1	2	3	4 interferes completely
10. Lymphedema “gets me down” (i.e., I have feelings of depression, frustration, or anger due to the lymphedema).	0 never	1	2	3	4 constantly
11. I must rely on others for help due to my lymphedema.	0 not at all	1	2	3	4 completely
12. I know what to do to manage my lymphedema.	0 good understanding	1	2	3	4 no understanding

## III. Functional Concerns

13. Lymphedema affects my ability to perform self-care activities (i.e., eating, dressing, hygiene).	0 no interference	1	2	3	4 interferes completely
14. Lymphedema affects my ability to perform routine home or work-related activities.	0 no interference	1	2	3	4 interferes completely
15. Lymphedema affects my performance of preferred leisure activities.	0 no interference	1	2	3	4 interferes completely
16. Lymphedema affects the proper fit of clothing/shoes.	0 fits normally	1	2	3	4 unable to wear
17. Lymphedema affects my sleep.	0 no interference	1	2	3	4 interferes completely

## IV. Infection Occurrence

18. <b>In the past year</b> , I have become ill with an infection in my swollen limb requiring oral antibiotics or hospitalization.	0	1x	2x	3x	4+
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