



# LLIS Lymphedema Life Impact Scale

version 1

Patient Name \_\_\_\_\_ Eval Date \_\_\_\_\_ 10<sup>th</sup> visit \_\_\_\_\_ 20<sup>th</sup> 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<br>No pain         | 2           | 3            | 4            | 5<br>Severe pain         |
| 2. The amount of limb heaviness associated with my lymphedema is:   | 1<br>No heaviness    | 2           | 3            | 4            | 5<br>Extremely heavy     |
| 3. The amount of skin tightness associated with my lymphedema is:   | 1<br>No tightness    | 2           | 3            | 4            | 5<br>Extremely tight     |
| 4. In comparison to my unaffected limb, the size of my swollen limb seems:  | 1<br>Same size       | 2           | 3            | 4            | 5<br>Extremely large     |
| 5. In comparison to my unaffected limb, the skin texture of my swollen limb feels:  | 1<br>The same        | 2           | 3            | 4            | 5<br>Extremely different |
| 6. Lymphedema affects movement of my swollen limb:  | 1<br>Normal movement | 2           | 3            | 4            | 5<br>Greatly limited     |
| 7. The strength in my swollen limb compared with the unaffected limb is:  | 1<br>Equal strength  | 2           | 3            | 4            | 5<br>Extremely weak      |
| 8. How often have you become ill with an infection in your swollen limb requiring oral antibiotics or hospitalization <b>in the past 2 YEARS?</b> | 1<br>Never           | 2<br><1x/yr | 3<br>1-3x/yr | 4<br>4-6x/yr | 5<br>7-9x/yr             |

**-OVER-**

## LYMPHEDEMA LIFE IMPACT SCALE (cont.)

### II. Psychosocial Concerns

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

### III. Functional Concerns

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