



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
No pain | 2 | 3 | 4 | 5
Severe pain |
| 2. The amount of limb heaviness associated with my lymphedema is: | 1
No heaviness | 2 | 3 | 4 | 5
Extremely heavy |
| 3. The amount of skin tightness associated with my lymphedema is: | 1
No tightness | 2 | 3 | 4 | 5
Extremely tight |
| 4. In comparison to my unaffected limb, the size of my swollen limb seems: | 1
Same size | 2 | 3 | 4 | 5
Extremely large |
| 5. In comparison to my unaffected limb, the skin texture of my swollen limb feels: | 1
The same | 2 | 3 | 4 | 5
Extremely different |
| 6. Lymphedema affects movement of my swollen limb: | 1
Normal movement | 2 | 3 | 4 | 5
Greatly limited |
| 7. The strength in my swollen limb compared with the unaffected limb is: | 1
Equal strength | 2 | 3 | 4 | 5
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
Never | 2
<1x/yr | 3
1-3x/yr | 4
4-6x/yr | 5
7-9x/yr |

II. Psychosocial Concerns

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