



# LLIS Lymphedema Life Impact Scale

Version 2

Patient Name \_\_\_\_\_ Eval Date \_\_\_\_\_ 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               | 1 | 2 | 3 | 4                 |
|   | no pain         |   |   |   | severe pain       |
| 2. The amount of limb heaviness associated with my lymphedema is: | 0               | 1 | 2 | 3 | 4                 |
|   | no heaviness    |   |   |   | extremely heavy   |
| 3. The amount of skin tightness associated with my lymphedema is: | 0               | 1 | 2 | 3 | 4                 |
|   | no tightness    |   |   |   | extremely tight   |
| 4. The size of my swollen limb(s) seems:                          | 0               | 1 | 2 | 3 | 4                 |
|   | normal size     |   |   |   | extremely large   |
| 5. Lymphedema affects the movement of my swollen limb(s):         | 0               | 1 | 2 | 3 | 4                 |
|   | normal movement |   |   |   | extremely limited |
| 6. The movement of my swollen limb(s):                            | 0               | 1 | 2 | 3 | 4                 |
|   | normal strength |   |   |   | extremely weak    |

## II. Psychosocial Concerns

- |   |                    |   |   |   |                       |
|---|--------------------|---|---|---|-----------------------|
| 7. Lymphedema affects my body image (how I think I look):   | 0                  | 1 | 2 | 3 | 4                     |
|   | not at all         |   |   |   | completely            |
| 8. Lymphedema affects my socializing with others.   | 0                  | 1 | 2 | 3 | 4                     |
|   | no interference    |   |   |   | interferes completely |
| 9. Lymphedema affects my intimate relations with spouse or partner (rate 0 if not applicable).                  | 0                  | 1 | 2 | 3 | 4                     |
|   | no interference    |   |   |   | interferes completely |
| 10. Lymphedema "gets y down" (i.e. I have feelings of depression, frustration, or anger due to the lymphedema). | 0                  | 1 | 2 | 3 | 4                     |
|   | never              |   |   |   | constantly            |
| 11. I must rely on others for help due to my lymphedema.  | 0                  | 1 | 2 | 3 | 4                     |
|   | not at all         |   |   |   | completely            |
| 12. I know what to do to manage my lymphedema.  | 0                  | 1 | 2 | 3 | 4                     |
|   | good understanding |   |   |   | not understanding     |

### LYMPHEDEMA LIFE IMPACT SCALE (cont.)

#### III. Functional Concerns

- |   |                      |        |        |        |                            |
|---|----------------------|--------|--------|--------|----------------------------|
| 13. Lymphedema affects my ability to perform self-care activities:<br>(i.e. eating, dressing, hygiene). | 0<br>no interference | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>interferes completely |
| 14. Lymphedema affects my ability to perform routine home or<br>work-related activities.                | 0<br>no interference | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>interferes completely |
| 15. Lymphedema affects my performance of preferred leisure<br>activities.                               | 0<br>no interference | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>interferes completely |
| 16. Lymphedema affects the proper fit of clothing/shoes.  | 0<br>fits normally   | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>unable to wear        |
| 17. Lymphedema affects my sleep:  | 0<br>no interference | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>interferes completely |
- IV. Infection Occurrence**
- |  |   |    |    |    |    |
|--|---|----|----|----|----|
| 18. In the past year, I have become ill with an infection in my<br>swollen limb requiring oral antibiotics or hospitalization. | 0 | 1x | 2x | 3x | 4+ |
|--|---|----|----|----|----|

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**Cancer History:** Complete only if applicable to you.

Diagnosis: \_\_\_\_\_ Surgery (type): \_\_\_\_\_

Radiation treatments (body part): \_\_\_\_\_ Was a "boost" dose included? | Yes | No

Chemotherapy (drug type/how often?): \_\_\_\_\_ Reactions to cancer treatments (check all that apply):

- |   |   |  |  |  |
|---|---|--|--|--|
| Weight Loss <input type="checkbox"/> Pain <input type="checkbox"/>    | Skin Tightness <input type="checkbox"/> | Shortness of Breath <input type="checkbox"/> | Nausea/Vomiting <input type="checkbox"/> | Decreased joint motion <input type="checkbox"/>    |
| Weight Gain <input type="checkbox"/> Fatigue <input type="checkbox"/> | Hair Loss <input type="checkbox"/>      | Numbness/Tingling <input type="checkbox"/>   | Cardiac Problem <input type="checkbox"/> | Decreased muscle strength <input type="checkbox"/> |

**Swelling (Edema) History:**

When did your swelling start? \_\_\_\_\_ What makes it better? \_\_\_\_\_ What makes it worse? \_\_\_\_\_

What has been done to treat it (include medications, pumps, other devices, previous physical therapy or massage)? \_\_\_\_\_

Does any family member have lymphedema or swelling disorder? \_\_\_\_\_