



LLIS Lymphedema Life Impact Scale

version 2

Patient Name _____ Eval Date _____ 10th Visit _____ 20th Visit _____ 30th 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
no pain | 1 | 2 | 3 | 4
severe pain |
| 2. The amount of limb heaviness associated with my lymphedema is: | 0
no heaviness | 1 | 2 | 3 | 4
extremely heavy |
| 3. The amount of skin tightness associated with my lymphedema is: | 0
no tightness | 1 | 2 | 3 | 4
extremely tight |
| 4. The size of my swollen limb(s) seems: | 0
normal size | 1 | 2 | 3 | 4
extremely large |
| 5. Lymphedema affects the movement of my swollen limb(s): | 0
normal movement | 1 | 2 | 3 | 4
extremely limited |
| 6. The movement of my swollen limb(s): | 0
normal strength | 1 | 2 | 3 | 4
extremely weak |

II. Psychosocial Concerns

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



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LYMPHEDEMA LIFE IMPACT SCALE (cont.)

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. In the past year, 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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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? _____

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 Pain Skin Tightness Shortness of Breath Nausea/Vomiting Decreased joint motion

Weight Gain Fatigue Hair Loss Numbness/Tingling Cardiac Problem Decreased muscle strength