



Lymphedema Life Impact Scale

Patient Name _____ Eval _____ 10th visit _____ 20th visit _____ 30th visit _____

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 strength in my swollen limb(s) is: | 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 me down" (i.e., I have feelings of depression, frustration, or anger due to 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 Occurrences

| | | | | | |
|---|---|----|----|----|----|
| 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+ |
|---|---|----|----|----|----|

