

LLIS - INITIAL VISIT

Patient Name: _____ Date: _____ Visit# _____



physical therapy
occupational therapy

Please rate your pain level with activity (Circle One):
(No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Very Severe Pain)

Listed below are symptoms or problems reported by many individuals with lymphedema. Please indicate to what extent these problems have affected you in the past week. Circle the number which best describes your symptom level.

NOTE: If swelling and symptoms are the same in both limbs rate them the same, otherwise, rate only the worst limb.

PHYSICAL CONCERNS					
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 of my swollen limb(s) is	0 normal strength	1	2	3	4 extremely weak
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 greatly interferes
9. Lymphedema affects my intimate relations with spouse or partner (rate 0 if not applicable)	0 no interference	1	2	3	4 greatly interferes
10. Lymphedema "gets me down" (ie. 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 understand well	1	2	3	4 no understanding
FUNCTIONAL CONCERNS					
13 Lymphedema affects my ability to perform self-care activities (ie. eating, dressing, hygiene)	0 no interference	1	2	3	4 greatly interferes
14. Lymphedema affects my ability to perform routine home or work related activities	0 no interference	1	2	3	4 greatly interferes
15. Lymphedema affects my performance of preferred leisure activities	0 no interference	1	2	3	4 greatly interferes
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 greatly interferes
INFECTION OCCURENCE					
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	4x