Lymphedema Life Impact Scale

Name:_____Date:_____ Eval:_____10th visit:_____30th visit:_____D/C:_____

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

The amount of pain associated with my lymphedema is:	0	1	2	3	4
	No pain				severe pain
The amount of limb heaviness associated with my lymphedema is:	0	1	2	3	4
	No heaviness				extremely heavy
The amount of skin tightness associated with my lymphedema is:	0	1	2	3	4
	No tightness				extremely tight
The size of my swollen limb(s) seems:	0	1	2	3	4
	Normal size				extremely large
Lymphedema affects the movement of my swollen limb(s):	0	1	2	3	4
	Normal movement				extremely limited
The strength in my swollen limb(s) is:	0	1	2	3	4
	Normal strength				extremely weak
Lymphedema affects my body image (how I think I look):	0	1	2	3	4
	Not at all				completely
Lymphedema affects my socializing with others:	0	1	2	3	4
	No Interference				interferes completely
Lymphedema affects my intimate relations with spouse or partner:	0	1	2	3	4
	No interference				interferes completely
Lymphedema "gets me down" (i.e., I have feelings of depression, frustration, or anger due to the lymphedema).	0	1	2	3	4
	Never				constantly
I must rely on others for help due to my lymphedema.	0	1	2	3	4
	Not at all				completely
I know what to do to manage my lymphedma.	0	1	2	3	4
	Good understanding				no understanding
Lymphedema affects my ability to perform self-care activities. (i.e., eating, dressing, hygiene).	0	1	2	3	4
	No interference				interferes completely
Lymphedema affects my ability to perform routine home or work-related activities.	0	1	2	3	4
	No interference				interferes completely
Lymphedema affects my performance of preferred leisure activities.	0	1	2	3	4
	No interference				interferes completely
Lymphedema affects the proper fit of clothes/shoes.	0	1	2	3	4
	Fits normally				unable to wear
Lymphedema affects my sleep.	0	1	2	3	4
	No interference				interferes completely
In the past year, I have become ill with an infection in my swollen limb(s) requiring oral antibiotics or hospitalization.	0	1x	2x	3x	4x