

## LLIS - Initial Visit

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Eval: \_\_\_\_\_ 10<sup>th</sup> visit: \_\_\_\_\_ 20<sup>th</sup> visit: \_\_\_\_\_ 30<sup>th</sup> visit: \_\_\_\_\_ D/C: \_\_\_\_\_

Please rate your pain level with activity:

0	1	2	3	4	5	6	7	8	9	10	
NO PAIN											VERY SEVERE PAIN

Listed below are symptoms or problems reported by many individuals with lymphedema. Please indicate to what extent these problems associated with your lymphedema have 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; rate only the worst limb)

1. The amount of pain associated with my lymphedema is:

0	1	2	3	4
no pain				severe pain

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2. The amount of limb heaviness associated with my lymphedema is:

0	1	2	3	4
no heaviness				extremely heavy

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3. The amount of skin tightness associated with my lymphedema is:

0	1	2	3	4
no tightness				extremely tight

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4. The size of my swollen limb(s) seems:

0	1	2	3	4
normal size				extremely large

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### III. Functional Concerns

13. Lymphedema affects my ability to perform self-care activities (i.e., eating, dressing, hygiene).

0	1	2	3	4
no interference				interferes completely

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14. Lymphedema affects my ability to perform routine home or work-related activities.

0	1	2	3	4
no interference				interferes completely

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15. Lymphedema affects my performance of preferred leisure activities.

0	1	2	3	4
no interference				interferes completely

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16. Lymphedema affects the proper fit of clothing/shoes.

0	1	2	3	4
fits normally				unable to wear

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17. Lymphedema affects my sleep.

0	1	2	3	4
no interference				interferes completely

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### 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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