Listed below are symptoms or problems many individuals with lymphedema report. Please indicate to what extent these problems associated with your lymphedema have affected you in the past 2 weeks. If both limbs are swollen, compare symptoms in the swollen limbs to any non-swollen limbs. Circle the number which best describes your symptom level.

I. Physical Concerns

1. The amount of pain associated with my lymphedema is:
   1. No pain
   2. Moderate pain
   3. Severe pain
   4. Extremely severe pain

2. The amount of limb heaviness associated with my lymphedema is:
   1. No heaviness
   2. Moderate heaviness
   3. Severe heaviness
   4. Extremely severe heaviness

3. The amount of skin tightness associated with my lymphedema is:
   1. No tightness
   2. Moderate tightness
   3. Severe tightness
   4. Extremely severe tightness

4. In comparison to my unaffected limb, the size of my swollen limb seems:
   1. Same size
   2. Slightly larger
   3. Moderately larger
   4. Very large
   5. Extremely large

5. In comparison to my unaffected limb, the skin texture of my swollen limb feels:
   1. The same
   2. Slightly different
   3. Moderately different
   4. Very different
   5. Extremely different

6. Lymphedema affects movement of my swollen limb:
   1. Normal movement
   2. Slightly limited
   3. Moderately limited
   4. Very limited
   5. Greatly limited

7. The strength in my swollen limb compared with the unaffected limb is:
   1. Equal strength
   2. Slightly weaker
   3. Moderately weaker
   4. Very weak
   5. Extremely weak

8. How often have you become ill with an infection in your swollen limb requiring oral antibiotics or hospitalization in the past 2 YEARS?
   1. Never
   2. <1x/yr
   3. 1-3x/yr
   4. 4-6x/yr
   5. 7-9x/yr

- OVER -
LYMPHEDEMA LIFE IMPACT SCALE (cont.)

II. Psychosocial Concerns

9. Lymphedema affects my body image (i.e. “How I think I look.”):
   1  Not at all  2  3  4  5  Severe
   10. Lymphedema affects my socializing with others:
       1  No interference  2  3  4  5  Completely
   11. Lymphedema affects my intimate relations:
       1  No interference  2  3  4  5  Completely
   12. Lymphedema “gets me down” (i.e. I have feelings of depression, frustration, or anger due to the lymphedema.):
       1  Never  2  3  4  5  Constantly

III. Functional Concerns

13. Lymphedema affects my ability to perform duties at home:
    1  No interference  2  3  4  5  Completely
14. Lymphedema affects my ability to perform duties at work (if applicable):
    1  No interference  2  3  4  5  Completely
15. Lymphedema affects my performance of preferred recreational activities:
    1  No interference  2  3  4  5  Completely
16. Lymphedema affects the proper fit of clothing/shoes:
    1  Fit normally  2  3  4  5  Unable to wear
17. Lymphedema affects my sleep:
    1  No interference  2  3  4  5  Interferes greatly
18. I must rely on others for help due to my lymphedema:
    1  Not at all  2  3  4  5  Completely