

# **LYMQOL LEG**

## **Lymphoedema Quality of Life Tool**

This questionnaire has been designed and validated for patients with chronic oedema/lymphoedema of one or both legs to measure quality of life. Please tick the box that best describes how you feel about each of the questions.

**Name:** .....

**Hospital Number:**.....

**Date:** .....

**(Q1) How much does your swollen leg affect the following activities?**

If any of the items are not applicable to you, please write N/A in the relevant answer box(es)

a) your walking

b) your ability to bend, e.g. to tie shoelaces or cut toenails

c) your ability to stand.

d) your ability to get up from a chair.

e) your occupation

f) your ability to do housework

<b>Not at all</b>	<b>A little</b>	<b>Quite a bit</b>	<b>A lot</b>

**(Q2) Does the swelling affect your leisure activities/ social life?**

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Please give examples of this .....

.....

**(Q3) How much do you have to depend on other people?**

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**(Q4) How much do you feel the swelling affects your appearance?**

**(Q5) How much difficulty do you have finding clothes to fit?**

**(Q6) How much difficulty do you have finding clothes you would like to wear?**

**(Q7) Do you have difficulty finding shoes to fit?**

**(Q8) Do you have difficulty finding socks/ tights/ stockings to fit?**

**(Q9) Does the swelling affect how you feel about yourself?**

**(Q10) Does it affect your relationships with other people?**

<b>Not at all</b>	<b>A little</b>	<b>Quite a bit</b>	<b>A lot</b>

- (Q11) Does your lymphoedema cause you pain?  
 (Q12) Do you have any numbness in your swollen leg(s)?  
 (Q13) Do you have any feelings of "pins & needles" or tingling in your swollen leg(s)  
 (Q14) Does (do) your swollen leg(s) feel weak?  
 (Q15) Does (do) your swollen leg(s) feel heavy?

Not at all	A little	Quite a bit	A lot

**In the past week....**

- (Q16) Have you had trouble sleeping?  
 (Q17) Have you had difficulty concentrating on things, e.g. reading?  
 (Q18) Have you felt tense?  
 (Q19) Have you felt worried?  
 (Q20) Have you felt irritable?  
 (Q21) Have you felt depressed?

Not at all	A little	Quite a bit	A lot

**(Q22) Overall, how would you rate your quality of life at present?**

Please mark your score on the following scale:

0 1 2 3 4 5 6 7 8 9 10  
 poor excellent

**Thank you for completing this form.**

If you have any comments or queries about it, please discuss these with .....

Dr V L Keeley, Consultant

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