

LYMPHOEDEMA FUNCTIONING DISABILITY AND HEALTH QUESTIONNAIRE
FOR LOWER LIMB LYMPHOEDEMA (LYMPH-ICF-LL)

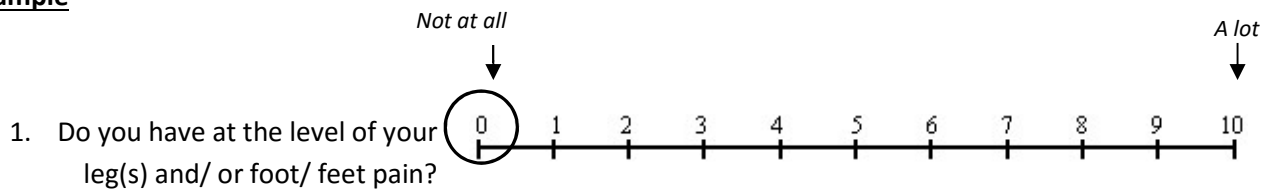
Last and first name:

Date:

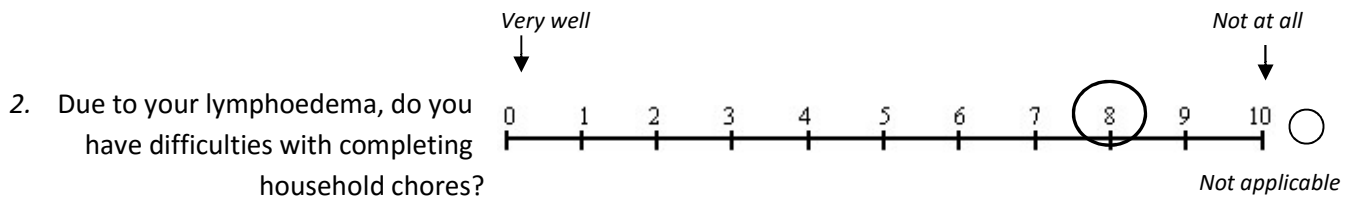
A swelling of the leg (/legs) and/or foot (feet) may, besides the physical and mental consequences, entail some limitations in conducting activities. This can lead to problems participating in social activities. The Lymph-ICF-LL questionnaire measures these dysfunctions.

The lymph-ICF-LL questionnaire contains 28 questions and was constructed based upon information from people with the same condition as yours. Next to each question there is an 11-point scale. For each question you should **circle the number** that matches your situation the best. If you encounter no problems at all with the complaint, you should circle '0'. If you are having very severe problems with the complaint described, you should circle '10'. If the activity does not apply to you, place check the circle 'not applicable'.

Example



You should circle '0' if you feel no pain at all.



You encircle a number more to the right if you practically cannot complete household chores anymore because of your leg oedema. If you never have to complete household chores, but your household help is doing this, you should mark 'not applicable'.

Mark the answer that matches your situation best **during the last 2 weeks**.

Try not to overthink each question and try to **answer each one**.

This is a **personal questionnaire**, and has to be filled out by you. Try not to discuss the questions with others when filling out the questionnaire.

Also, try not to ask questions about the content of the statements. If you are not sure, answer the question according to what you think is meant by it.

Physical function

Do you have at the level of your leg(s) and/or foot/ feet:

- | | | |
|---|-------------------|--------------|
| | <i>Not at all</i> | <i>A lot</i> |
| | ↓ | ↓ |
| 1. Pain? | | |
| 2. A tense skin? | | |
| 3. Tingling? | | |
| 4. Infections (at this time or occasionally)? | | |

Does your leg(s) and/ or foot/ feet feel:

- | | | |
|------------------------------|-------------------|--------------|
| | <i>Not at all</i> | <i>A lot</i> |
| | ↓ | ↓ |
| 5. Stiff (reduced mobility)? | | |
| 6. Heavy? | | |

Mental function

Due to your lymphoedema, do you have

- | | | |
|--------------------------|-------------------|--------------|
| | <i>Not at all</i> | <i>A lot</i> |
| | ↓ | ↓ |
| 7. A lack of confidence? | | |

Due to your lymphoedema, do you feel:

- | | | |
|---|-------------------|--------------|
| | <i>Not at all</i> | <i>A lot</i> |
| | ↓ | ↓ |
| 8. Sad? | | |
| 9. Unattractive? | | |
| 10. Frustrated (tense)? | | |
| 11. Insecure about the future (e.g. your work situation)? | | |
| 12. Disappointed in medical health care (e.g. lack of information)? | | |

General tasks/ household

Due to your lymphoedema, have you:

- | | | |
|--------------------------------------|-------------------|--------------|
| | <i>Not at all</i> | <i>A lot</i> |
| | ↓ | ↓ |
| 13. Become more dependent on others? | | |

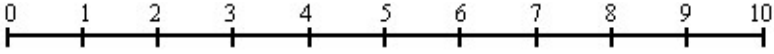
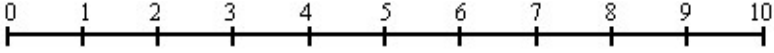
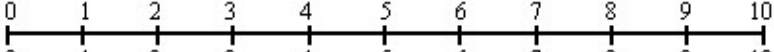
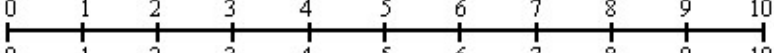
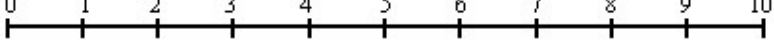
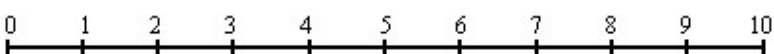
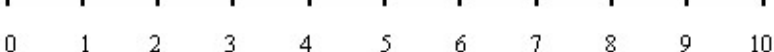
Due to your lymphoedema, do you have difficulties with:

- | | | |
|---|-------------------|--------------|
| | <i>Not at all</i> | <i>A lot</i> |
| | ↓ | ↓ |
| 14. Organising different matters (e.g. chores, appointments)? | | |
| 15. Completing household chores? | | |

○
Not applicable

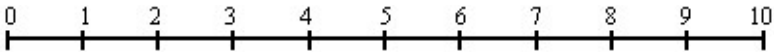
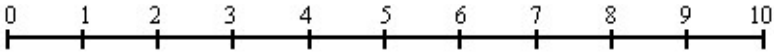
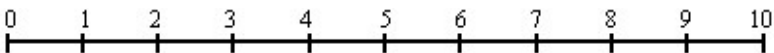
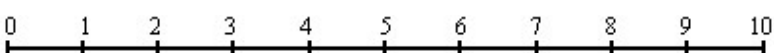
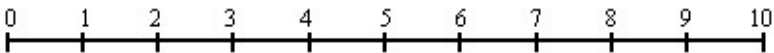
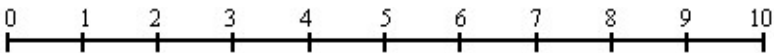
Mobility

Due to your lymphoedema, can you:

- Very well Not at all
- ↓ ↓
16. Sit for a prolonged period of time? 
17. Stand for a prolonged time? 
18. Kneel? 
19. Walk (>2km)? 
20. Ride a bicycle? 
21. Drive a car? 
22. Take the stairs (or e.g. get on and off a bus)? 
- Not applicable*

Life domains/ social life

Due to your lymphoedema, can you:

- Very well Not at all
- ↓ ↓
23. Fulfill your job (paid work)? 
- My job:*
24. Practice sports? 
- My sport(s):*
25. Carry out leisure time activities? 
- My leisure time activities:*
26. Carry out social activities with friends (e.g. go to a party, go out for dinner)? 
- My social activities:*
27. Wear clothes and/or shoes you like to wear? 
28. Go on a holiday? 

Not applicable