

LYMPHOEDEMA FUNCTIONING, DISABILITY AND HEALTH QUESTIONNAIRE

FOR LYMPHOEDEMA OF THE UPPER LIMB (LYMPH-ICF-UL)

Surname and first name: ...

Date: ...

A lymphoedema of the arm and/or hand can cause physical and mental complaints, as well as activity restrictions and problems participating in social life.

This questionnaire consists of **29 questions** and is constructed from information given by subjects suffering from this condition.

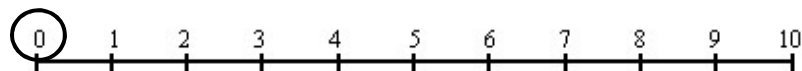
Next to each question the numbers 0 to 10 are given. Please indicate to which extent you experience problems related to your arm lymphoedema and to which extent you can perform activities of daily life and participate in society by **circling the number that fits the best**. The number '0' corresponds with "no problems/pain" or "no trouble et all" to perform activities and the number "10" corresponds with "unbearable problems/pain" or "not able to perform". Cross the empty circle if it is not applicable.

For example:

Not at all

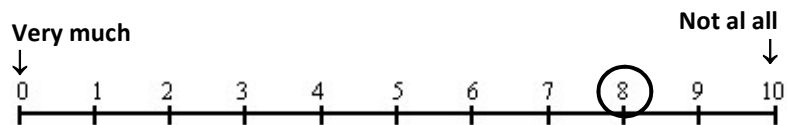
Very much

1. Does your arm hurt?



If you do not feel any pain at all in your arm, encircle '0'.

2. Are you able to iron?



Not applicable

If you can hardly iron as a result of your arm lymphoedema, you encircle '9'. If you have never ironed, because you have a domestic help or you iron with your other arm, you put a cross in the little circle '⊗' not applicable' next to the numbers.

Choose an answer according to your **complaints during the last 2 weeks**. Try not to think too long about answering a certain question. Please do not leave any questions unanswered.

This is a **personal questionnaire**, to be filled in by you alone. Do not discuss these items with others in your immediate surroundings.

Physical functions

Does your arm:

	Not at all											Very much
	↓											↓
1. Feel heavy?	0	1	2	3	4	5	6	7	8	9	10	
2. Feel stiff?	0	1	2	3	4	5	6	7	8	9	10	
3. Feel swollen?	0	1	2	3	4	5	6	7	8	9	10	
4. Feel like it has lost strength?	0	1	2	3	4	5	6	7	8	9	10	
5. Tingle?	0	1	2	3	4	5	6	7	8	9	10	
6. Hurt?	0	1	2	3	4	5	6	7	8	9	10	
7. Have a tensed skin?	0	1	2	3	4	5	6	7	8	9	10	

Mental functions

Due to your arm problems:

	Not at all											Very much
	↓											↓
8. Do you feel sad?	0	1	2	3	4	5	6	7	8	9	10	
9. Do you feel discouraged?	0	1	2	3	4	5	6	7	8	9	10	
10. Do you have a lack of self-confidence?	0	1	2	3	4	5	6	7	8	9	10	
11. Do you feel stressed?	0	1	2	3	4	5	6	7	8	9	10	

Household activities

How well are you able to:

	Very well											Not at all	Not applicable
	↓											↓	↓
12. Clean (scrub, vacuum, mop)?	0	1	2	3	4	5	6	7	8	9	10	☐	
13. Cook?	0	1	2	3	4	5	6	7	8	9	10	☐	
14. Iron?	0	1	2	3	4	5	6	7	8	9	10	☐	
15. Work in the garden?	0	1	2	3	4	5	6	7	8	9	10	☐	

Mobility activities

How well are you able to:

Very well**Not at all****Not applicable**

16. Perform tasks with the arm elevated (e.g. hang out the laundry)?	0 1 2 3 4 5 6 7 8 9 10 	☐
17. Lift or carry heavy objects (e.g. a filled bucket or shopping bag)?	0 1 2 3 4 5 6 7 8 9 10 	☐
18. Sleep on the affected side?	0 1 2 3 4 5 6 7 8 9 10 	☐
19. Perform computer work (> 30 min)?	0 1 2 3 4 5 6 7 8 9 10 	☐
20. Sunbathe?	0 1 2 3 4 5 6 7 8 9 10 	☐
21. Drive a car?	0 1 2 3 4 5 6 7 8 9 10 	☐
22. Walk (>2 km)?	0 1 2 3 4 5 6 7 8 9 10 	☐
23. Ride a bike?	0 1 2 3 4 5 6 7 8 9 10 	☐

Life and social activities

How well are you able to:

Very well**Not at all****Not applicable**

24. Go on vacation?	0 1 2 3 4 5 6 7 8 9 10 	☐
25. Perform your hobbies?	0 1 2 3 4 5 6 7 8 9 10 	☐
26. Practice sports?	0 1 2 3 4 5 6 7 8 9 10 	☐
27. Wear your clothes of choice?	0 1 2 3 4 5 6 7 8 9 10 	☐
28. Do your job?	0 1 2 3 4 5 6 7 8 9 10 	☐
29. Do social activities (e.g. going to parties, concerts, restaurants)?	0 1 2 3 4 5 6 7 8 9 10 	☐