

Lymphoedema Functioning, Disability and Health Questionnaire

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, there is a horizontal line of 10 cm. At the end of the line, you see the words "not at all" and "very much" or "very well". Please put a **small vertical line** on each horizontal line to indicate the degree of complaint or activity restriction due to your lymphoedema.

For example:

Not at all
J,

Very much
J,

1. Does your arm hurt? 1 -----

If you do not feel any pain at all in your arm, put a small vertical line at the far left-hand side of the horizontal line.

Very well
J,

Not at all
J,

2. Are you able to iron? -----+----- 0
Not applicable

If you can hardly iron, you put a little vertical line at the right side of the horizontal line.

If you have never ironed, because you have a domestic help or you iron with your other arm, put a cross in the little circle "0 not applicable" next to the horizontal line.

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.

Lymphoedema Functioning, Disability and Health Questionnaire

Does your arm:

Not at all

Very much

1. . Feel heavy? _____
2. Feel stiff? _____
3. Feel swollen? _____
4. Feel like it has lost strength? _____
5. Tingle? _____
6. Hurt? _____
7. Have a tensed skin? _____

Due to you r arm problems:

Not at all

Very much

8. Do you feel sad? _____
9. Do you feel discouraged? _____
10. Do you have a lack of self-confidence? _____
11. Do you feel stressed? _____

How well are you able to:

Very well

Not at all

Not
applicable

12. Clean (scrub, vacuum, mop)? _____
13. Cook? _____
14. Iron? _____
15. Work in the garden? _____

June 2011

Volume 91 Number 6 Physical Therapy • 955

Downloaded from <http://ptjournal.apta.org/> at University of Vermont, Dana Medical Library n February 10, 2013

Lymphoedema Functioning, Disability and Health Questionnaire

How well are you able to:

Very well Not at all Not
applicable

16. Perform tasks with the arm elevated _____
(eg, hang out the laundry)?

17. Lift or carry heavy objects _____
(eg, a filled bucket or shopping bags)?

18. Sleep on the affected side? _____

19. Perform computer work (>30 min)? _____

20. Sunbathe? _____

21. Drive a car? _____

22. Walk (>2 km)? _____

23. Ride a bike? _____

How well are you able to:

Very well Not at all Not
applicable

24. Go on vacation? _____

25. Perform your hobbies? _____

26. Practice sports? _____

27. Wear your clothes of choice? _____

28. Do your job? _____

29. Do social activities _____
(eg, going to parties, concerts, restaurant)?

"The Lymphoedema Functioning, Disability and Health (Lymph-ICF) Questionnaire may not be used or reproduced without written permission of the authors.

June 2011

Volume 91 Number 6 Physical Therapy • 955

Downloaded from <http://ptjournal.apta.org/> at University of Vermont, Dana Medical Library n February 10, 2013