

Patient's Name: _____

Date _____

LYMPHEDEMA

Normal <ul style="list-style-type: none">• Have you had any previous difficulties with limb swelling? Changes in sensation? Decreased flexibility• Usual activity level prior to cancer diagnosis?	
Onset <ul style="list-style-type: none">• When did it start? (i.e. suddenly or gradually over the last few days?)• How long did previous episodes last, if any?• How often does it occur?• Has the swelling been intermittent or continuous? Has there been progression over time?	
Provoking / Palliating <ul style="list-style-type: none">• What triggered swelling? What makes it worse? What makes it better? Is it reduced in the morning? Any recent trauma, puncture wounds, burns, bites? Any heavy lifting, unusual or repetitive activity?• Previous episodes of cellulitis or lymphangitis?	
Quality <ul style="list-style-type: none">• Changes in comfort or sensation? Any pain, tightness, fullness, aching, heaviness, numbness, burning sensation? Itching?	
Region / Radiation <ul style="list-style-type: none">• Pattern of development (often distal to proximal)	
Severity / Other Symptoms <ul style="list-style-type: none">• How bothersome is this symptom to you? (on a scale of 0 – 10, with 0 not at all and 10 being the worst imaginable)	
Treatment <ul style="list-style-type: none">• What do you do/ have you done when you notice upper/ lower limb swelling?• What medications or other strategies? (i.e. exercise, physiotherapy, elevation compression sleeves, etc.) Have you tried in the past? Now? How effective have these been? Any side effects?	
Understanding / Impact on You <ul style="list-style-type: none">• What have you been told about lymphedema?• How does the presence of lymphedema affect you?• How has this condition affected your activity?• How does this affect your family?	
Value <ul style="list-style-type: none">• What is your comfort goal or acceptable level for this symptom? (0 – 10 scale)• Are you interested in receiving assistance in managing this condition?	