

## II.IV.II Lower Limb and Genital Lymphoedema Questionnaire for Women (LLGLQw)

Self-completion questionnaire for women who have lower limb oedema and may have genital area oedema / lymphoedema


Name, contact details and  
DOB or hospital number:

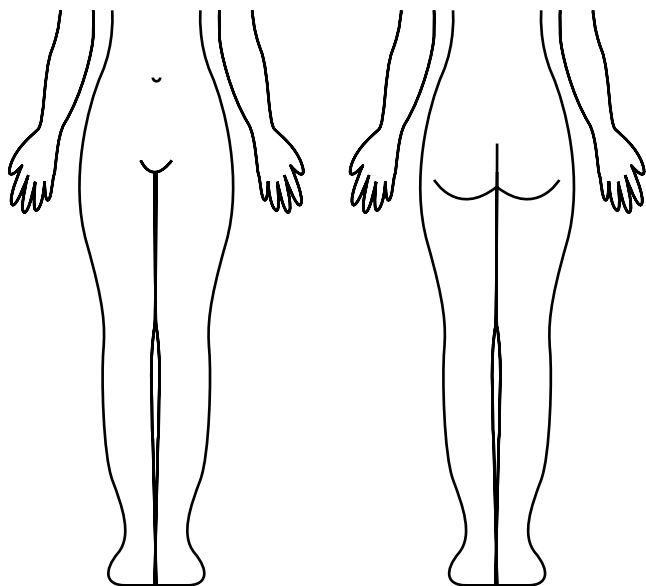
Swelling in the legs/genitals can be quite normal for a few weeks after some treatments or with some chronic conditions. Sometimes these can be difficult to describe but this questionnaire may help. Please complete the questions below to help us give you the appropriate advice and care.





Personal Impact		Not at all (or not relevant) 0	A little bit 1	Quite a bit 1	Very much 1
Over the last month how the swelling affected your daily activities					
	(for example)		✓		
I have swelling:	in my leg(s)				
	in my genitals				
<b>If you feel you have no swelling at all you do not need to complete the rest of this questionnaire</b>					
The swelling is worse by the end of the day					
The swelling is affecting:	which clothes/shoes I can wear				
	my sitting				
	getting in/out of bed				
	my walking				
	passing urine				
	my sexual function				
The skin around the swollen area:	feels tight				
	has changed colour				
	feels different				
	feels wet/cold				
The swelling gives me discomfort:	in my leg(s)				
	in my genitals				
I need to take painkillers for the discomfort					

*Please continue overleaf/next page.*

<i>Therapist to calculate after completion</i>	<b>Score for Personal Impact Section (score above / 48) x 100= % limited</b>	
--	--	--

If you have swelling of your legs or genitals please show in this picture where you feel it is, by shading like this: 



Please tick any relevant		✓
	I feel swollen inside	
	The inside is sticking out	
	The outside is swollen	
	The inside and outside feels swollen	

On average this week how severe has the swelling been?				
	0 = No swelling	1 = A little bit	2 = Quite a bit	3 = Very swollen
Legs				
Genitals				

Is there anything else you would like to tell us about how this is affecting you physically or emotionally?

	Yes	No
During the last year, have you needed antibiotics for infections (cellulitis) in your leg(s) or genitals?		
Have you been offered any advice or treatment for the things you have identified here?		
Would you like to discuss this with us?		
<i>Nurse/therapist to complete:</i>  Name of nurse/therapist _____ has discussed this form with the patient  Signed: _____  Date: _____		