Self-Screening Tool for Lymphedema / Chronic Swelling

How long have you had this swelling / symptoms? _____

Have you discussed your swelling with your medical team? (Circle) Yes / No

If yes, who is managing your swelling plan?

Are you experiencing any of the following in the area of concern? (Circle)

Tightness	Swelling	Ache dull pain
Tingling	Heat	Stabbing
Heaviness	Difficult to move	Redness

Does the swelling "come and go" during the day or with elevation? (Circle) Yes / No

Do you suffer from heart failure and take water tablets for swollen legs? (Circle) Yes / No

Do you suffer with kidney problems? (Circle) Yes / No

Have you had the following to the area of concern?

Surgery (Circle) Yes / No	If yes name of surgery & date: Do you any scars in the area yes no
Did you have lymph nodes (Circle) Yes / No	If yes how many nodes removed?
Radiation Therapy (Circle) Yes / No	If Yes date: When? Did you have any bad skin reactions to radiation treatment? Yes / no
Chemotherapy (Circle) Yes / No	If Yes Date:

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Which part of your body is affected? (Circle) all that apply

Left leg	Right leg	Upper	lower
Left Arm	Right arm	Upper	lower
Neck or neck	Left side neck	Right side neck	Face
Genitals			

Have you noticed any skin changes near the swelling in your hands or feet-

i.e. thickening, hard skin or changes in skin color and texture? (Circle) Yes / No

Are you currently measuring limb volumes? (Circle) (Circle) Yes / No

Do you leak fluid? (Circle) Yes / No

Do you take diuretics or any other drugs for the swelling? (Circle) Yes / No

Do you take prophylactic long term antibiotics? (Circle) Yes / No

Does anyone in your family have lymphedema? (Circle) Yes / No

Have you been shown how to measure your limb? (Circle) Yes / No

Have you ever had prior treatment for your swelling? (Circle) Yes / No

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Compression garments i.e. sock/ hose/ sleeve? (Circle) Yes / No	If yes which brand and type?
Manual lymphatic drainage by a physical therapist? (Circle) Yes / No	If yes when and which clinic were you seen?
Pneumatic pump (Circle) Yes / No	If yes which brand of pump?
Lymphatic surgery i.e. transplant or bypass (Circle) Yes / No	If yes explain

Have you been told about the importance of self-management using the following? (Circle)

Self-drainage Yes / No	Explain
Daily movements and exercis Yes / No	Explain
Compression wear Yes / No	Explain
Daily skin care Yes / No	Explain

Please provide any other relevant information:

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