Patient/client (name,
address, contact details)

Lower Limb and Genital Lymphoedema Questionnaire for Men (LLGLQ)

Today's date: _____

Self-completion questionnaire for men who have lower limb oedema and may also have genital area oedema / Lymphoedema.

Changes in your lower body since your cancer treatment		Not at all (or not relevant) 0	A little bit	Quite a bit 2	Very much
	(for example)	U	<u> </u>		3
I have swelling:	in my leg(s)		•		
3	in my genitals				
questionnaire.	o swelling at all you do not be says as a swelling at all you do not be swelling at all you do n	ot need to co	mplete	the rest o	f this
day					
The swelling is affecting:	which clothes/shoes I can wear				
	my sitting				
	getting in/out of bed				
	my walking				
	urination				
	difficulti				
	my sexual function				
	my sexual function				
	my sexual function feels tight				
	my sexual function feels tight has changed colour				
The skin around the swollen area: The swelling gives me	my sexual function feels tight has changed colour feels different				
swollen area:	my sexual function feels tight has changed colour feels different feels wet/cold				

If yes, how many times has this happened?

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

On average this week how severe has the swelling been?						
0 = No swelling	1 = a little bit	2 = quite a bit	3 = very swollen			

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

	Yes	No
Have you been offered any advice or treatment for lymphoedema (swelling)?		
Would you like any information or advice?		
For completion by doctor/therapist/nurse:		
Referred to Lymphoedema service for assessment? (date)		