

Please take a few minutes to answer the following questions.

01 Have you been diagnosed with Lymphedema?

Yes ____ No ____

If yes, do you have primary ____ or secondary ____ lymphedema?

If you have secondary, what caused it?

__ surgery please indicate what kind, _____

Was it cancer related? Yes __ No __ Did you also receive radiation treatments? Yes __ No __
__ injury (such as fracture, ligament tear, penetrating wound etc)

02. How were you diagnosed?

__By testing? __By Specialist? __Other :

Which tests were done? Please list...

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03. Have you ever had Cellulites(infection/redness of affected area) associated with your lymphedema? Yes ____ No ____ Not sure ____

How was it treated? Have you had any reoccurrences? How many?

Where they treated the same way?

04. What treatments did you receive for your Lymphedema? Mark all that are appropriate.

__ Complex Decongestive Therapy(CDT) this comprises both manual lymph drainage (MLD) and compression bandages, including Coban®.

__ Coban® only

__ MLD only

__ Multi - chamber pumps

__ Compression garment, please indicate 1. Day garments ____ 2. Night-time garments ____ 3.

Swell spots ____ 4. Other ____ no treatment__

05. Is your Lymphedema under control?

Yes ____ No ____ If No, what are your symptoms?

06. Do you use daily compression bandages or garments for your Lymphedema?

Yes ____ No ____ Who prescribed your bandages/garments?

07. Who supplies your bandages/garments?

08. Do you have coverage for your treatments, bandages or garments?

09. Do you have help dealing with your Lymphedema? Yes ____ No ____ If yes, who helps you?

10. What do you feel is the most important issue regarding Lymphedema?

11. Do you have any suggestions for improving the current system?