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ORIGINAL ARTICLE

Breast

Development of the Spanish LYMPH-Q Upper Extremity Module for Breast Cancer–Related Lymphedema

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Background: Breast cancer–related lymphedema is a chronic complication of breast cancer treatment that substantially affects physical function, symptoms and quality of life. The LYMPH-Q Upper Extremity Module is a condition-specific patient-reported outcome measure designed to assess the burden of lymphedema. However, an official Spanish language version has not previously been available. Consequently, this study aimed to translate and cross-culturally adapt the LYMPH-Q Upper Extremity Module for use in Spanish-speaking populations.

Methods: Translation and cultural adaptation were performed in accordance with the Q-Portfolio guidelines and included 2 independent forward translations, reconciliation, back translation, expert review, and cognitive debriefing interviews with affected patients. Patient feedback was incorporated to refine and finalize the translated instrument.

Results: During back translation, 3 minor wording-related inconsistencies were identified. Afterward, patients reported no comprehension difficulties during cognitive debriefing. Most importantly, no relevant cross-cultural discrepancies were observed.

Conclusions: The Spanish LYMPH-Q Upper Extremity Module demonstrates high linguistic clarity and cultural appropriateness. This translation provides a standardized patient-reported outcome measure for the evaluation of upper extremity lymphedema in Spanish-speaking clinical and research settings. *(Plast Reconstr Surg Glob Open 2026;14:e8229; doi: 10.1097/GOX.0000000000008229; Published online 10 November 2026.)*

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The data that support the findings of this study are not publicly available but can be obtained from the corresponding author upon reasonable request.

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INTRODUCTION

Breast cancer–related lymphedema (BCRL) is a debilitating long-term complication of breast cancer treatment and is primarily caused by therapy-induced disruption of the lymphatic network, most commonly through oncological resection or radiotherapy.[1] The incidence of BCRL has been reported to range from approximately 5%–50% within the first 5 years after treatment.[2–4] Impaired lymphatic outflow leads to continuous accumulation of lymphatic fluid, which subsequently may trigger inflammation of the surrounding tissue and progressive fibroadipose deposition.[5,6] Consequently, lymphedema commonly manifests as limb swelling with pitting edema, tissue induration, and fibrosis.[5–8] In addition to these physical manifestations, individuals frequently report pain and limitations in arm mobility that can substantially restrict everyday

Disclosure statements are at the end of this article, following the correspondence information.

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activities.[7,9] Consequently, BCRL exerts a considerable psychosocial burden, as affected patients report anxiety and depressive symptoms, which together contribute to an evident decline in overall quality of life (QoL).[10,11]

Although surgeons have traditionally relied on clinical examination and imaging modalities for diagnosis and staging before lymphatic surgery, objective assessments alone fail to adequately capture the patients' subjective disease burden or to integrate it into subsequent therapeutic decision-making.[12–14] Over the last decade, patient-reported outcome measures (PROMs) have gained increasing importance as complementary instruments in lymphedema management. By systematically assessing patient-reported symptoms, functional impairments, and psychosocial consequences, PROMs provide valuable insights that may support individualized treatment approaches, such as lymphovenous anastomosis (LVA), vascularized lymph node transfer, or vascularized lymph vessel transfer.[15–18] In this context, PROMs align with the overarching goal of contemporary healthcare, particularly the pursuit of individualized treatment strategies and evidence-informed decision-making.[18,19]

Although several PROMs have been developed for patients with BCRL, no single instrument captures all aspects of the condition equally well.[20] The LYMPH-Q was developed by Klassen et al to provide an extensive, lymphedema-specific assessment that complements the BREAST-Q.[21,22] It explores the multidimensional burden of BCRL through 6 domains: Appearance (10 items), Function (12 items), Psychological Well-being (12 items), Symptoms (15 items), Information (9 items), and Arm Sleeve Use (10 items).[21] For PROMs such as the LYMPH-Q to retain validity across diverse populations, rigorous translation and cross-cultural adaptation are required, ensuring that questionnaire items preserve their intended meaning within different cultural contexts. Unofficial translations may alter item meaning or introduce cultural bias, thus compromising the comparability with the original instrument. A standardized translation process is therefore essential to confirm that patients interpret the translated items as intended within their cultural and linguistic context.

Despite the substantial global burden of BCRL and the large population of Spanish-speaking patients worldwide, an officially translated Spanish version of the LYMPH-Q Upper Extremity Module has not previously been available. To address this gap, the present study aimed to translate and cross-culturally adapt the LYMPH-Q Upper Extremity Module into Spanish, thereby facilitating its use in clinical practice.

Takeaways

Question: Can the LYMPH-Q Upper Extremity Module be accurately translated and culturally adapted for Spanish-speaking patients with breast cancer-related lymphedema?

Findings: Using a standardized Q-Portfolio translation process, including forward/back translation, expert review, and cognitive debriefing with 5 Spanish-speaking patients, the Spanish LYMPH-Q showed high clarity, conceptual equivalence, and no major cross-cultural issues.

Meaning: The Spanish LYMPH-Q Upper Extremity Module is a linguistically clear and culturally adapted instrument that supports standardized patient-reported outcome assessments in Spanish-speaking patients with upper extremity lymphedema.

METHODS

Study Design

This study aimed to produce a Spanish version of the LYMPH-Q Upper Extremity Module. The translation and cultural adaptation process was conducted in accordance with the standardized protocol established by the Q-Portfolio and established principles for cross-cultural adaptation of PROMs.[23] The methodology included forward translation, back translation, review of the back translation, and cognitive debriefing interviews with affected patients. Feedback obtained during the cognitive debriefing was systematically incorporated to refine the translations and optimize their semantic accuracy. The study was conducted as part of the LYMPH trial and received approval from the local ethics committee.[24] Participation was voluntary, and all participants provided verbal consent in accordance with the Declaration of Helsinki.[25] Authorization to translate and use the LYMPH-Q was obtained from the instrument developers (Q-Portfolio team).

Forward Translation

Two unaffiliated professional translators, both native Spanish speakers with proficiency in English and expertise in medical terminology, independently produced separate forward translations of the LYMPH-Q Upper Extremity Module. Discrepancies between the 2 generated forward translations were reconciled by the research team through discussion with the Q-Portfolio team, yielding a single harmonized version suitable for subsequent back translation.

Back Translation

The agreed-upon Spanish forward translation was then independently translated back into English by another professional translator. The research team then reviewed the back translation, which was compared with the original English version by the study team and Q-Portfolio Coordination Center to confirm conceptual equivalence and translation quality.

Back Translation Review

Subsequently, the original English version, the back translation, and the reconciled Spanish version were jointly reviewed by the research team in collaboration with the Q-Portfolio team. All discrepancies were discussed and resolved through a consensus decision, resulting in the generation of a prefinal Spanish version of the LYMPH-Q Upper Extremity Module. Minor linguistic adjustments were then made, with particular attention to preserving the original meaning of the questionnaire.

Cognitive Debriefing Interviews

Cognitive debriefing interviews were performed to assess the clarity, cultural appropriateness, and acceptability of the prefinal Spanish adaptation of the LYMPH-Q among 5 Spanish-speaking patients selected for this study. All questionnaire domains, as well as instructions, individual items, and response scales, were systematically assessed during the interviews. The process adhered to the Q-Portfolio Cognitive Debriefing Interview Guide, which employs standardized open-ended prompts targeting the questionnaire instructions, individual items, and response scales. All interviews were conducted in Spanish by a bilingual co-investigator. Participants were invited to (1) restate each item in their own words ("What are the instructions asking you to do?"), (2) interpret the meaning of the response options ("What do the different response choices signify?"), (3) identify any comprehension challenges ("Which aspects of the item were difficult to understand?"), and (4) propose alternative formulations to enhance clarity ("How could the item's wording be improved to ensure accurate understanding?"). Responses were documented using the Q-Portfolio Translation Worksheet. Items or response options that were flagged for misunderstanding were reviewed and revised by the study team to generate the final Spanish version of the LYMPH-Q questionnaire.

Finalization and Approval

The finalized versions underwent evaluation and endorsement by the Q-Portfolio coordination team to ensure alignment with established translation and validation standards. Following approval, the questionnaires were formatted for both research and clinical implementation.

RESULTS

Translation Process

Forward translation demonstrated strong concordance between the 2 independent translators. During expert review of the back translation, the Q-Portfolio team identified three minor linguistic and syntactic points requiring clarification (Table 1). The first comment concerned Symptoms, item 6, where the translated term "dolor" (pain) differed from the original word "aching," which conveys a more continuous, dull sensation. As no more appropriate alternative in Spanish was identified, the translation was retained unchanged. The second comment related to the Function instructions, which had falsely been phrased as a Yes/No question rather than a difficulty-based prompt. The Q-Portfolio team noted that the item should more appropriately begin with "How difficult…." Accordingly, the Spanish wording was revised to "¿Hasta qué punto le resulta difícil usar el brazo con linfedema?" This revision improved conceptual equivalence with the source instrument. The third comment concerned Arm Sleeve, item 8, where the original wording "La comodidad" (comfort) was refined to "La facilidad" (easiness) to better reflect the intended meaning of arm sleeve usability rather than comfort. All identified points were resolved before cognitive debriefing (Table 1).

Cognitive Debriefing and Cultural Adaptation

All 5 study participants were women undergoing oncologic breast surgery, with 2 patients presenting with unilateral upper limb BCRL, 1 patient presenting with bilateral upper limb BCRL, and 2 patients undergoing prophylactic immediate lymphatic reconstruction. Patient ages ranged from 37 to 71 years, with a mean (± SD) age of 57 ± 14.4 years (Table 2). The cognitive interviews aimed to determine whether patients accurately understood the translated questionnaire's items, instructions, and response options, and to identify terminology that could be potentially misleading. Across all participants, no comprehension issues were reported. Participants were able to fully comprehend all sections of the Spanish version of the questionnaire, with no difficulties in linguistic or conceptual interpretation. Importantly, no fundamental conceptual misunderstandings or significant cross-cultural discrepancies were detected. Similarly, no comments

Table 1. Expert Review of Linguistic Inaccuracies in the Back Translation and Proposed Revisions

Component	Initial Translation	Suggested Correction	Final Translation
Symptoms, item 6	¿Sensación de dolor en el brazo?	Consider distinction between « pain » and « aching »	¿Sensación de dolor en el brazo?
Function, instruction	Tiene dificultad para usar el brazo con linfedema?	Hasta qué punto le resulta difícil	Hasta qué punto le resulta difícil usar el brazo con linfedema?
Arm sleeve, item 8	La comodidad de uso de la manga de compresión.	La facilidad	La facilidad de uso de la manga de compresión.

Table 2. Characteristics of Patients Included in the Cognitive Debriefing Interviews

Age, y	Gender	Clinical History
47	F	Right upper limb lymphedema after right axillary lymph node dissection
65	F	Left upper limb lymphedema after left axillary lymph node dissection
71	F	Bilateral upper limb lymphedema after left and right axillary lymph node dissection
37	F	Prophylactic surgery after left axillary lymph node dissection
65	F	Prophylactic surgery after right axillary lymph node dissection

requiring revision were raised during patient testing, and therefore, no additional changes were made after cognitive debriefing. The finalized Spanish version received formal endorsement from the Q-Portfolio coordination team for implementation in research and clinical contexts. The complete Spanish LYMPH-Q can be accessed in Supplemental Digital Content 1 and should complement the original, open-access English LYMPH-Q document by Klassen et al[21] (Table 2) (**Supplemental Digital Content 1,** which describes full translated version of the Spanish LYMPH-Q, **https://links.lww.com/PRSGO/F377**).

DISCUSSION

The LYMPH-Q is an increasingly important disease-specific PROM for the assessment of patients with lymphedema.[15,21] This is the first study to translate and culturally adapt the LYMPH-Q instrument for use in Spanish-speaking populations, thereby expanding the availability of this disease-specific patient-reported outcome measure to more than 600 million Spanish-speaking people worldwide (the full questionnaire can be accessed in **Supplemental Digital Content 1, https://links.lww.com/PRSGO/F377**). This is particularly relevant given the ongoing shift in healthcare toward patient-centered care, in which PROMs play an increasingly important role in outcome assessment and clinical evaluation. As their use expands in both research and routine practice, PROMs are expected to increasingly influence therapeutic decision-making and quality assessment.[15,26] In this context, the availability of a Spanish LYMPH-Q supports the integration of standardized patient perspectives into Spanish-speaking clinical settings and may serve as a foundation for future research investigations across various Spanish-speaking regions, including Spain and Latin America. Within the patient population investigated in this study, no comments or isolated linguistic refinements were required during the cognitive debriefing interviews once the initial round of feedback from the Q-Portfolio on the back translation had been incorporated by the research team. Following these revisions (Table 1), the entire questionnaire was found to be fully comprehensible and conceptually consistent, as evidenced by the absence of corrections from the patient population. The minimal need for cultural adaptations identified for the Spanish-speaking patient population underscores the reliability and robustness of the Spanish version of the LYMPH-Q and may partly be attributable to cultural as well as lifestyle-related overlaps.

Importantly, the translation process followed the Q-Portfolio Translation and Cultural Adaptation process in a methodologically rigorous manner, ensuring systematic implementation of all recommended stages, including forward translation, reconciliation, back translation, expert review, and patient testing.[23] The objective of this process was to ensure conceptual equivalence with the original instrument. This equivalence was examined within the framework of a multistage validation process, thereby allowing both linguistic and context-specific factors of the target population to be adequately considered. Notably, no substantial conceptual discrepancies were identified, which further supports the linguistic and cultural validity of the instrument.

Study Strengths and Limitations

Several limitations should be acknowledged. Despite full adherence to the established principles from the Q-Portfolio team, cognitive debriefing was conducted with a small cohort of five female participants, which may limit the breadth of perspectives captured and potentially affect the external validity of the findings. In addition, Spanish-speaking communities are linguistically and culturally heterogeneous, and regional differences in culture and healthcare systems may influence questionnaire comprehension. As this investigation was performed at a single center in Spain, it may therefore not fully reflect the linguistic nuances and cultural heterogeneity present across the wider Spanish-speaking world. Furthermore, participants' educational level was not systematically collected. Therefore, although all participants in the present sample reported good comprehension, the findings may not fully reflect the interpretation of the questionnaire among Spanish-speaking patients with different health literacy levels. Finally, the current study focused exclusively on translation and cultural adaptation and did not incorporate quantitative psychometric evaluation, such as test–retest reliability or other measurement property analyses. Consequently, further validation studies involving larger, geographically diverse, and demographically heterogeneous cohorts will be necessary to comprehensively assess the measurement performance of the Spanish LYMPH-Q across the globe.

CONCLUSIONS

The Spanish translation and cross-cultural adaptation of the LYMPH-Q Upper Extremity Module demonstrates a high level of linguistic clarity, comprehensibility, and cultural appropriateness. This work represents an important first step toward standardized quality of life evaluation in Spanish-speaking patients with upper extremity lymphedema in both clinical practice and research settings. However, further psychometric validation in larger and geographically diverse Spanish-speaking populations is required.

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DISCLOSURES

Andrea Pusic is a co-developer of the LYMPH-Q and receives royalty payments when the LYMPH-Q is used in industry sponsored clinical trials. The other authors have no financial interest to declare in relation to the content of this article. This study was funded by the Freiwillige Akademische Gesellschaft Basel (FAG), Switzerland, the Swiss Cancer Research Foundation, Rising Tide

Foundation, and the Swiss National Science Foundation. The funders had no role in study design, data collection, analysis, interpretation, or manuscript preparation.

PATIENT CONSENT

All participants gave verbal informed consent before inclusion in this study.

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ETHICAL APPROVAL

This study was conducted in accordance with the Declaration of Helsinki and approved by the Ethikkommission Nordwest- und Zentralschweiz (EKNZ; BASEC-ID: 2023-00733). According to Spanish Law 14/2007 on Biomedical Research, ethics committee approval was not required for translation of the LYMPH-Q, as this study did not involve biomedical research or health-related data. Data collection complied with the General Data Protection Regulation (EU 2016/679) and Spanish Organic Law 3/2018.

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Identificación del paciente: __ __ __ - __ __ __ Número de visita: ____ Fecha:____ / ____ / _____

CUESTIONARIO SOBRE EL FUNCIONAMIENTO, LA DISCAPACIDAD Y LA SALUD EN EL LINFEDEMA DE LAS EXTREMIDADES SUPERIORES (LYMPH-ICF-UL)

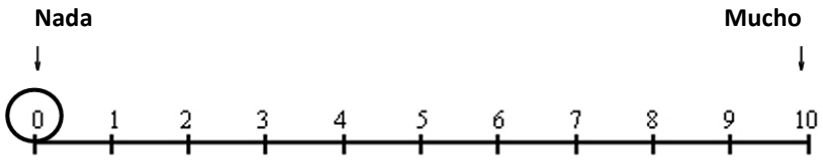
El linfedema del brazo y/o la mano puede causar molestias físicas y mentales, así como restricciones en las actividades y problemas para participar en la vida social.

Este cuestionario contiene 29 preguntas y se basa en la información proporcionada por personas que padecen esta dolencia.

Al lado de cada pregunta se indican los números del 0 al 10. Por favor, indique en qué medida sufre problemas relacionados con el linfedema del brazo y en qué medida puede realizar actividades de la vida cotidiana y participar en la vida social, marcando con un círculo el número que mejor se adapte a su caso. El número «0» equivale a «sin problemas/sin dolor» o «sin ninguna dificultad» para realizar las actividades, y el número «10» equivale a «problemas/dolores insoportables» o «incapacidad para realizar las actividades». Marque el círculo vacío si no es aplicable.

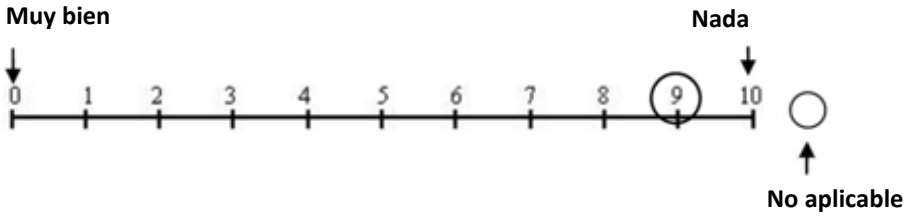
Por ejemplo:

1. relativos al brazo: Duele



Si no siente ningún dolor en el brazo, marque con un círculo el número «0».

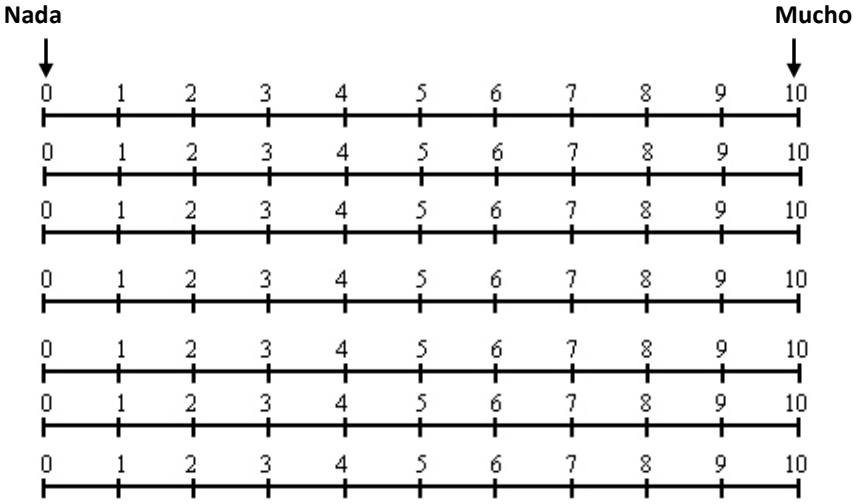
2. Indica como puedes: Planchar



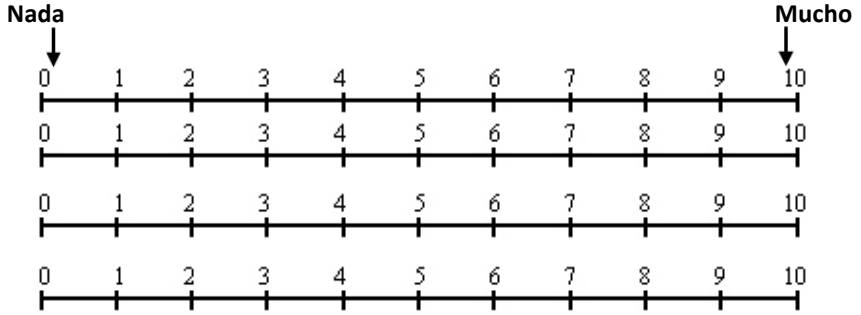
Si apenas puede planchar debido al linfedema en el brazo, marque con un círculo el número «9». Si nunca ha planchado porque tiene ayuda doméstica o porque plancha con el otro brazo, marque con una cruz el pequeño círculo «⊗ no aplicable» junto a los números.

Elija una respuesta según sus **molestias durante las últimas dos semanas**. Intente no pensar demasiado antes de responder a una pregunta. Por favor, no deje ninguna pregunta sin responder.
Se trata de un **cuestionario personal** que debe rellenar usted personalmente. Por favor, no discuta estas preguntas con personas cercanas para que sus respuestas reflejen únicamente su propia experiencia.

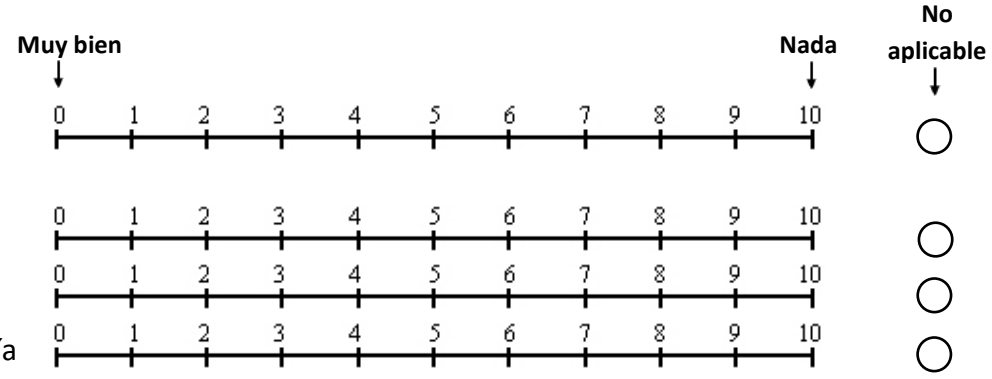
<u>Dolor, sensibilidad, funciones de defensa del sistema inmunológico y de movimiento</u>
relativos al brazo:



<u>Problemas mentales</u>
relacionados con los problemas del brazo:

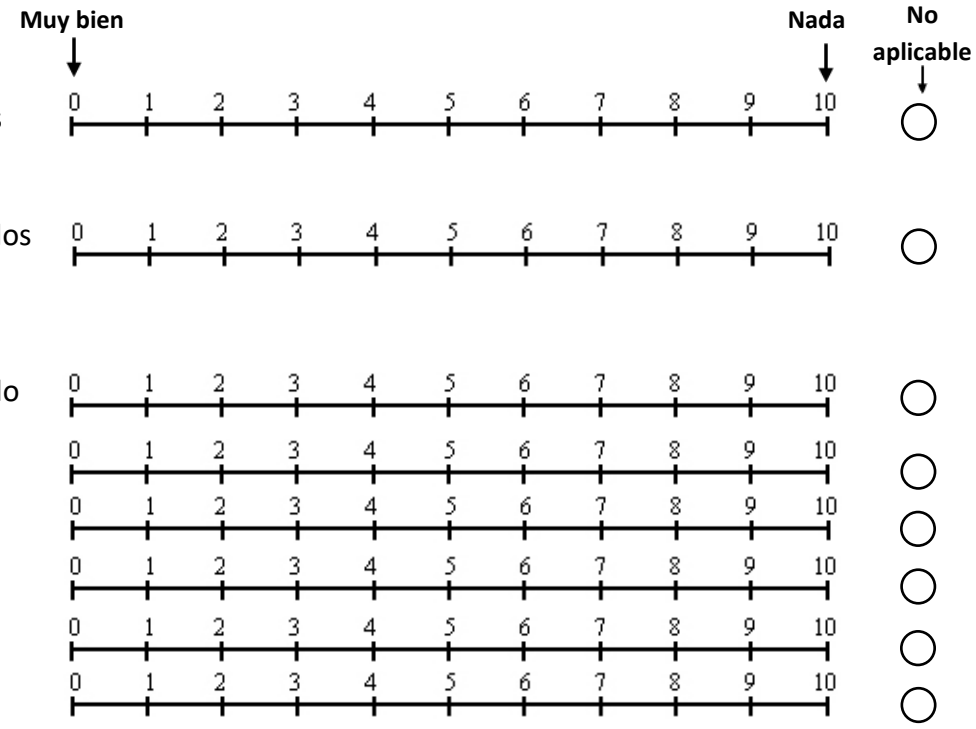


<u>Actividades en el hogar</u>
Indica como puedes:



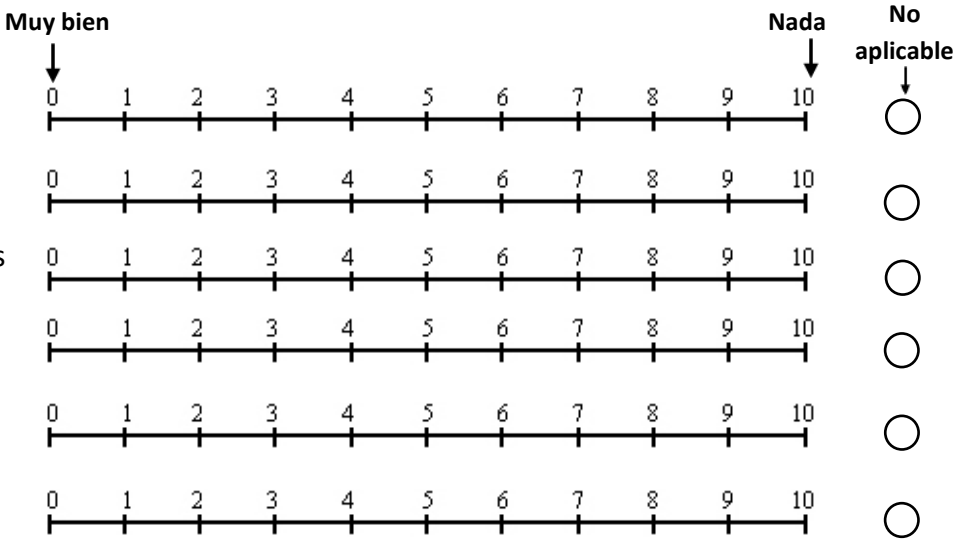
Capacidad física

Indica como puedes:



Actividades sociales

Indica como puedes:



LYMPH-Q UPPER EXTREMITY: SYMPTOMS

¿Cómo siente el brazo (síntomas)?
NOTA: Si la intervención quirúrgica para el cáncer de mama ha afectado a ambos brazos, responda a cada pregunta pensando en el brazo que más le molesta.
Para responder, piense en la SEMANA PASADA. Puntúe la intensidad de cada uno de los síntomas siguientes:

	Intenso	Moderado	Leve	Ninguno
1. ¿Dolor al tocarle el brazo?	1	2	3	4
2. ¿Dolor con el brazo en reposo?	1	2	3	4
3. ¿Sensación de tener el brazo más caliente o más frío de lo normal?	1	2	3	4
4. ¿Sensación de rigidez en el brazo?	1	2	3	4
5. ¿Síntomas en el brazo que le alteran el sueño (p. ej., dolor, hinchazón)?	1	2	3	4
6. ¿Sensación de dolor en el brazo?	1	2	3	4
7. ¿Sensación de entumecimiento en el brazo?	1	2	3	4
8. ¿Sensación de presión en el brazo?	1	2	3	4
9. ¿Dolor al mover el brazo?	1	2	3	4
10. ¿Torpeza (p. ej., se le caen o derrama las cosas)?	1	2	3	4
11. ¿Hormigueo en el brazo (es decir, sensación de cosquilleo y pinchazos)?	1	2	3	4
12. ¿Sensación de tener el brazo cansado?	1	2	3	4
13. ¿Sensación de debilidad en el brazo (es decir, sin fuerza)?	1	2	3	4
14. ¿Sensación de pesadez en el brazo?	1	2	3	4
15. ¿Hinchazón del brazo?	1	2	3	4

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LYMPH-Q UPPER EXTREMITY: FUNCTION

¿Hasta qué punto le resulta difícil usar el brazo con linfedema?

NOTA: Si tiene linfedema en ambos brazos, responda a cada pregunta pensando en el brazo que más le molesta.

Para responder piense en la SEMANA PASADA. Pensando en el brazo con linfedema, en qué medida le resultaron difíciles estas tareas:

	Sumamente difícil	Relativamente difícil	Poco difícil	Nada difícil
1. Vestirse o desvestirse	1	2	3	4
2. Lavarse la cabeza	1	2	3	4
3. Abrocharse la camisa o la blusa o el abrigo	1	2	3	4
4. Sostener el teléfono en la oreja	1	2	3	4
5. Extender el brazo cruzando el cuerpo (p. ej., para ponerse el cinturón del coche)	1	2	3	4
6. Agarrar una empuñadura (p. ej., raqueta de tenis, escoba)	1	2	3	4
7. Sostener un libro para leer	1	2	3	4
8. Usar la mano y los dedos (p. ej., para teclear, escribir)	1	2	3	4
9. Alcanzar un objeto que está situado por encima de su cabeza	1	2	3	4
10. Llevar una bolsa con la compra	1	2	3	4
11. Hacer tareas domésticas en las que se utiliza el brazo (p. ej., pasar la aspiradora, hacer la cama)	1	2	3	4
12. Hacer actividades físicas que implican mover el brazo (p. ej., lanzar una pelota, jugar al tenis, tareas de jardinería)	1	2	3	4

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LYMPH-Q UPPER EXTREMITY: APPEARANCE

¿Qué aspecto tiene el brazo con linfedema?

NOTA: Si tiene linfedema en ambos brazos, responda a las preguntas pensando en el brazo que más le molesta. Si lleva manga de compresión, responda pensando en el aspecto de su brazo sin ella.
Para responder piense en el aspecto ACTUAL de su brazo con linfedema. En qué medida le resulta molesto:

	Sumamente molesto	Relativamente molesto	Un poco molesto	Nada molesto
1. …que la gente le vea el brazo.	**1**	**2**	**3**	**4**
2. ...el aspecto de su brazo cuando lleva una camiseta de manga larga.	**1**	**2**	**3**	**4**
3. ...tener que vestirse de modo que oculte el brazo.	**1**	**2**	**3**	**4**
4. ...el aspecto de su brazo en las fotografías.	**1**	**2**	**3**	**4**
5. ...lo llamativa que es la hinchazón en el brazo.	**1**	**2**	**3**	**4**
6. ...el tamaño en general del brazo.	**1**	**2**	**3**	**4**
7. ...no poder llevar determinadas prendas debido al brazo.	**1**	**2**	**3**	**4**
8. ...cómo le queda la ropa en el brazo.	**1**	**2**	**3**	**4**
9. ...la diferencia de tamaño entre los brazos.	**1**	**2**	**3**	**4**
10....el aspecto de su brazo cuando lleva una camiseta sin mangas.	**1**	**2**	**3**	**4**

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LYMPH-Q UPPER EXTREMITY: PSYCHOLOGICAL

¿Afecta el linfedema de los brazos a cómo se siente?

Para responder, piense en la SEMANA PASADA. Teniendo en mente el brazo con linfedema, con qué frecuencia se ha sentido:

	Siempre	A menudo	A veces	Nunca
1. desesperado	**1**	**2**	**3**	**4**
2. inútil	**1**	**2**	**3**	**4**
3. enfadado	**1**	**2**	**3**	**4**
4. deprimido	**1**	**2**	**3**	**4**
5. estresado	**1**	**2**	**3**	**4**
6. asustado	**1**	**2**	**3**	**4**
7. ansioso	**1**	**2**	**3**	**4**
8. harto	**1**	**2**	**3**	**4**
9. poco atractivo	**1**	**2**	**3**	**4**
10. preocupado	**1**	**2**	**3**	**4**
11. irritado	**1**	**2**	**3**	**4**
12. frustrado	**1**	**2**	**3**	**4**

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LYMPH-Q UPPER EXTREMITY: INFORMATION

Estas preguntas hacen referencia a la información que recibió de su profesional sanitario (p. ej., médico, enfermera, fisioterapeuta) sobre el linfedema del brazo.

En qué medida está satisfecho o insatisfecho con la información que recibió sobre:

	Muy insatisfecho	Relativamente insatisfecho	Relativamente satisfecho	Muy satisfecho
1. ¿Qué es un linfedema?	**1**	**2**	**3**	**4**
2. ¿Cómo debe cuidar el linfedema a diario?	**1**	**2**	**3**	**4**
3. ¿Cómo evitar las infecciones (p. ej., utilizar un repelente de insectos, evitar los cortes y los hematomas)?	**1**	**2**	**3**	**4**
4. ¿Cómo se trata el linfedema?	**1**	**2**	**3**	**4**
5. ¿Cómo controlar el linfedema en casa?	**1**	**2**	**3**	**4**
6. ¿La posibilidad de padecer linfedema después de la cirugía?	**1**	**2**	**3**	**4**
7. ¿La persona del equipo sanitario que le atenderá si tiene linfedema?	**1**	**2**	**3**	**4**
8. ¿Los posibles síntomas del linfedema (p. ej., dolor, entumecimiento, hormigueo)?	**1**	**2**	**3**	**4**
9. ¿La repercusión del linfedema en su vida?	**1**	**2**	**3**	**4**

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LYMPH-Q UPPER EXTREMITY: ARM SLEEVE

Estas preguntas tratan sobre su satisfacción con la manga de compresión que ha utilizado más recientemente para el linfedema.
En qué medida estaba satisfecho o insatisfecho con:

	Muy insatisfecho	Relativamente insatisfecho	Relativamente satisfecho	Muy satisfecho
1. El ajuste de la manga de compresión (es decir, ni demasiado ajustada ni demasiado suelta).	**1**	**2**	**3**	**4**
2. La eficacia de la manga de compresión para reducir la hinchazón.	**1**	**2**	**3**	**4**
3. El aspecto de la manga de compresión.	**1**	**2**	**3**	**4**
4. Cómo notaba la piel debajo de la manga de compresión (p. ej., no excesivamente seca o con picor).	**1**	**2**	**3**	**4**
5. La facilidad para ponerse la manga de compresión.	**1**	**2**	**3**	**4**
6. Su capacidad para estar físicamente activo con la manga de compresión puesta.	**1**	**2**	**3**	**4**
7. El tiempo que necesitaba llevar cada día la manga de compresión.	**1**	**2**	**3**	**4**
8. La facilidad de uso de la manga de compresión.	**1**	**2**	**3**	**4**
9. Su aspecto cuando estaba vestido y llevaba la manga de compresión.	**1**	**2**	**3**	**4**
10. Cómo le quedaba la ropa cuando llevaba puesta la manga de compresión.	**1**	**2**	**3**	**4**

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EQ-5D-5L

Debajo de cada enunciado, marque UNA casilla, la que mejor describe su salud HOY.

MOVILIDAD

No tengo problemas para caminar	❑
Tengo problemas leves para caminar	❑
Tengo problemas moderados para caminar	❑
Tengo problemas graves para caminar	❑
No puedo caminar	❑

AUTO-CUIDADO

No tengo problemas para lavarme o vestirme	❑
Tengo problemas leves para lavarme o vestirme	❑
Tengo problemas moderados para lavarme o vestirme	❑
Tengo problemas graves para lavarme o vestirme	❑
No puedo lavarme o vestirme	❑

ACTIVIDADES COTIDIANAS *(Ej.: trabajar, estudiar, hacer las tareas domésticas, actividades familiares o actividades durante el tiempo libre)*

No tengo problemas para realizar mis actividades cotidianas	❑
Tengo problemas leves para realizar mis actividades cotidianas	❑
Tengo problemas moderados para realizar mis actividades cotidianas	❑
Tengo problemas graves para realizar mis actividades cotidianas	❑
No puedo realizar mis actividades cotidianas	❑

DOLOR / MALESTAR

No tengo dolor ni malestar	❑
Tengo dolor o malestar leve	❑
Tengo dolor o malestar moderado	❑
Tengo dolor o malestar fuerte	❑
Tengo dolor o malestar extremo	❑

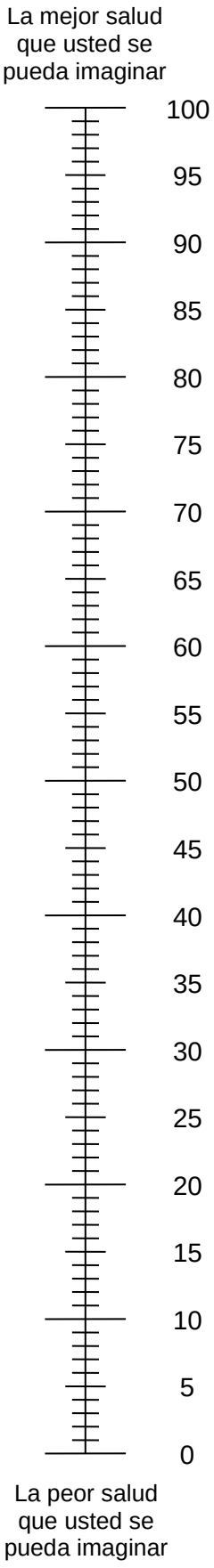
ANSIEDAD / DEPRESIÓN

No estoy ansioso ni deprimido	❑
Estoy levemente ansioso o deprimido	❑
Estoy moderadamente ansioso o deprimido	❑
Estoy muy ansioso o deprimido	❑
Estoy extremadamente ansioso o deprimido	❑

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- Nos gustaría conocer lo buena o mala que es su salud HOY.
- La escala está numerada del 0 al 100.
- 100 representa la mejor salud que usted se pueda imaginar.
  0 representa la peor salud que usted se pueda imaginar.
- Marque con una X en la escala para indicar cuál es su estado de salud HOY.
- Ahora, en la casilla que encontrará a continuación escriba el número que ha marcado en la escala.

SU SALUD HOY = ☐



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Evaluación del dolor

En la escala siguiente, marque el <u>número completo que</u> mejor refleje su percepción actual del dolor.

