# Talk Lipoedema self-assessment form

You can use this to record what is important to you and share the information with your health care professional or others. You can also give more detail on the back of the page.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Date of birth</td>
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**When were you first aware of lipoedema changes in your body?**

**What changes did you first notice?**

**In what ways has the lipoedema changed over the years, if at all?**

**What other health problems do you have?**

**What problems do you experience now?** Tick those that apply and use the diagram to show details.

- □ Enlargement of legs/hips/buttocks
- □ Enlargement of arms
- □ Bulges at the knees
- □ Bruising
- □ Fluid build-up (lymphoedema)
- □ Damaged skin or leaking skin
- □ Disproportion body shape
- □ Difficulty with walking
- □ Hypermobility
- □ Weight gain
- □ Other/s:
  - □ Pain: score pain from 0 (no pain) to 10 (worst pain)
    - 0….1….2….3….4….5….6….7….8….9….10

**In what ways, if at all, has lipoedema affected your mental/emotional health?**

**What do you currently do to manage the lipoedema?**

**What are your main goals for the future?**

**What help do you need to achieve these?**

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More details about what is important to me: