

Arm or Leg Measurement Sheet

Contact your oncology team if:

- There is a sudden increase in the size and swelling of your affected arm or leg.
- If any two of the same measurement points of the affected arm or leg are larger than the other arm or leg.

Measure your arm or leg once a month. Write the size down on this sheet.

Date: _____			Date: _____			Date: _____		
L cm	Circle the affected side and body part	R cm	L cm	Circle the affected side and body part	R cm	L cm	Circle the affected side and body part	R cm
	Arm pit or top of thigh			Arm pit or top of thigh			Arm pit or top of thigh	
	Widest part forearm or calf			Widest part forearm or calf			Widest part forearm or calf	
	Wrist or ankle			Wrist or ankle			Wrist or ankle	
	Hand base or foot base			Hand base or foot base			Hand base or foot base	

Date: _____			Date: _____			Date: _____		
L cm	Circle the affected side and body part	R cm	L cm	Circle the affected side and body part	R cm	L cm	Circle the affected side and body part	R cm
	Arm pit or top of thigh			Arm pit or top of thigh			Arm pit or top of thigh	
	Widest part forearm or calf			Widest part forearm or calf			Widest part forearm or calf	
	Wrist or ankle			Wrist or ankle			Wrist or ankle	
	Hand base or foot base			Hand base or foot base			Hand base or foot base	

Date: _____			Date: _____			Date: _____		
L	Circle the affected side and body part	R	L	Circle the affected side and body part	R	L	Circle the affected side and body part	R
cm		cm	cm		cm	cm		cm
	Arm pit or top of thigh			Arm pit or top of thigh			Arm pit or top of thigh	
	Widest part forearm or calf			Widest part forearm or calf			Widest part forearm or calf	
	Wrist or ankle			Wrist or ankle			Wrist or ankle	
	Hand base or foot base			Hand base or foot base			Hand base or foot base	

Date: _____			Date: _____			Date: _____		
L	Circle the affected side and body part	R	L	Circle the affected side and body part	R	L	Circle the affected side and body part	R
cm		cm	cm		cm	cm		cm
	Arm pit or top of thigh			Arm pit or top of thigh			Arm pit or top of thigh	
	Widest part forearm or calf			Widest part forearm or calf			Widest part forearm or calf	
	Wrist or ankle			Wrist or ankle			Wrist or ankle	
	Hand base or foot base			Hand base or foot base			Hand base or foot base	

Date: _____			Date: _____			Date: _____		
L	Circle the affected side and body part	R	L	Circle the affected side and body part	R	L	Circle the affected side and body part	R
cm		cm	cm		cm	cm		cm
	Arm pit or top of thigh			Arm pit or top of thigh			Arm pit or top of thigh	
	Widest part forearm or calf			Widest part forearm or calf			Widest part forearm or calf	
	Wrist or ankle			Wrist or ankle			Wrist or ankle	
	Hand base or foot base			Hand base or foot base			Hand base or foot base	