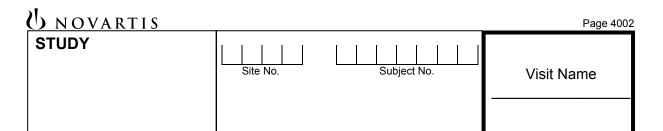
FACT-Lym (Version 4)

Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 <u>days</u>.

<u>PH</u>	YSICAL WELL-BEING	Not at all	A little bit	Some- what	Quite a bit	Very much
1.	I have a lack of energy	0	1	2	3	4
2.	I have nausea	0	1	2	3	4
3.	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
4.	I have pain	0	1	2	3	4
5.	I am bothered by side effects of treatment	0	1	2	3	4
6.	I feel ill	0	1	2	3	4
7.	I am forced to spend time in bed	0	1	2	3	4



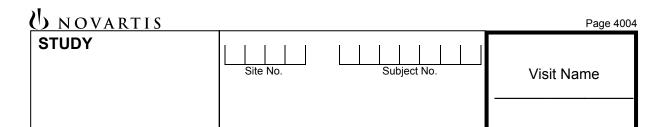
Please circle or mark one number per line to indicate your response as it applies to the <u>past</u> <u>7 days</u> .						
SOCIAL/FAMILY WELL-BEING	Not at all	A little bit	Some- what	Quite a bit	Very much	
8. I feel close to my friends	0	1	2	3	4	
9. I get emotional support from my family	0	1	2	3	4	
10. I get support from my friends	0	1	2	3	4	
11. My family has accepted my illness	0	1	2	3	4	
12. I am satisfied with family communication about my illness	0	1	2	3	4	
I feel close to my partner (or the person who is my main support)	0	1	2	3	4	
14. Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box ☐ and go to the next section.						
15. I am satisfied with my sex life	0	1	2	3	4	



) NOVARTIS			Page 4003
STUDY	Site No.	Subject No.	Visit Name

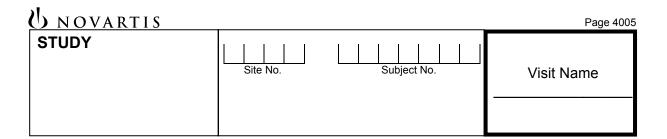
Please circle or mark one number per line to indicate your response as it applies to the <u>past 7 days</u>.

<u>r days.</u>					
EMOTIONAL WELL-BEING	Not at all	A little bit	Some- what	Quite a bit	Very much
16. I feel sad	0	1	2	3	4
17. I am satisfied with how I am coping with my illness	0	1	2	3	4
18. I am losing hope in the fight against my illness	0	1	2	3	4
19. I feel nervous	0	1	2	3	4
20. I worry about dying	0	1	2	3	4
21. I worry that my condition will get worse	0	1	2	3	4
FUNCTIONAL WELL-BEING	Not at all	A little bit	Some- what	Quite a bit	Very much
FUNCTIONAL WELL-BEING 22. I am able to work (include work at home)					•
	at all	bit	what	a bit	much
22. I am able to work (include work at home)	at all	bit 1	what	a bit	much 4
22. I am able to work (include work at home)	0 0	bit 1	what 2 2	a bit 3	much 4 4
22. I am able to work (include work at home)23. My work (include work at home) is fulfilling24. I am able to enjoy life	0 0 0	bit 1 1 1	what 2 2 2	a bit 3 3 3	much 4 4 4
22. I am able to work (include work at home)	0 0 0 0	bit 1 1 1 1	what 2 2 2 2 2	a bit 3 3 3 3	much 4 4 4 4



Please circle or mark one number per line to indicate your response as it applies to the $\underline{\mathsf{past}}$ $\underline{\mathsf{7}}$ days.

ADDITIONAL CONCERNS	Not at all	A little bit	Some- what	Quite a bit	Very much
29. I have certain parts of my body where I experience pain	0	1	2	3	4
30. I am bothered by lumps or swelling in certain parts of my body (e.g., neck, armpits, or groin)	0	1	2	3	4
31. I am bothered by fevers (episodes of high body temperature)	0	1	2	3	4
32. I have night sweats	0	1	2	3	4
33. I am bothered by itching	0	1	2	3	4
34. I have trouble sleeping at night	0	1	2	3	4
35. I get tired easily	0	1	2	3	4
36. I am losing weight	0	1	2	3	4



Please circle or mark one number per line to indicate your response as it applies to the $\underline{\mathsf{past}}$ $\underline{\mathsf{7}}$ days.

ADDITIONAL CONCERNS	Not at all	A little bit	Some- what	Quite a bit	Very much
37. I have a loss of appetite	0	1	2	3	4
38. I have trouble concentrating	0	1	2	3	4
39. I worry about getting infections	0	1	2	3	4
40. I worry that I might get new symptoms of my illness	0	1	2	3	4
41. I feel isolated from others because of my illness or treatment	0	1	2	3	4
42. I have emotional ups and downs	0	1	2	3	4
43. Because of my illness, I have difficulty planning for the future	0	1	2	3	4