

<b>STUDY</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> _ _ _ _ </td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> _ _ _ _ _ _ _ _ _ </td> </tr> <tr> <td style="text-align: center;">Site No.</td> <td style="text-align: center;">Subject No.</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Date of Assessment</td> </tr> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"> _ _ _ </td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"> _ _ _ </td> </tr> <tr> <td style="text-align: center;">day</td> <td style="text-align: center;">month</td> <td style="text-align: center;">year</td> </tr> </table>	_ _ _ _	_ _ _ _ _ _ _ _ _	Site No.	Subject No.	Date of Assessment		_ _	_ _ _	_ _ _	day	month	year	<div style="text-align: center; padding: 10px;">Visit Name</div> <hr style="border: 0.5px solid black;"/>
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_ _	_ _ _	_ _ _												
day	month	year												

**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 days.**

<u>PHYSICAL WELL-BEING</u>	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

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<b><u>SOCIAL/FAMILY WELL-BEING</u></b>	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
13. I feel close to my partner (or the person who is my main support).....	0	1	2	3	4
14. <i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box <input type="checkbox"/> and go to the next section.</i>					
15. I am satisfied with my sex life.....	0	1	2	3	4

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<b><u>EMOTIONAL WELL-BEING</u></b>	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
<b><u>FUNCTIONAL WELL-BEING</u></b>	Not at all	A little bit	Some- what	Quite a bit	Very much
22. I am able to work (include work at home).....	0	1	2	3	4
23. My work (include work at home) is fulfilling.....	0	1	2	3	4
24. I am able to enjoy life.....	0	1	2	3	4
25. I have accepted my illness.....	0	1	2	3	4
26. I am sleeping well.....	0	1	2	3	4
27. I am enjoying the things I usually do for fun.....	0	1	2	3	4
28. I am content with the quality of my life right now....	0	1	2	3	4

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<b>ADDITIONAL CONCERNS</b>	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

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<b>ADDITIONAL CONCERNS</b>	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