



My Treatment Journal

Staying on track with
MONJUVI

Not an actual patient.

What is MONJUVI?

MONJUVI (tafasitamab-cxix) is a prescription medicine given with lenalidomide to treat adults with certain types of diffuse large B-cell lymphoma (DLBCL) that has come back (relapsed) or that did not respond to previous treatment (refractory) and who cannot receive a stem cell transplant.

It is not known if MONJUVI is safe and effective in children.

The approval of MONJUVI is based on a type of response rate. There is an ongoing study to confirm the clinical benefit of MONJUVI.

IMPORTANT SAFETY INFORMATION

Important information I should know, including possible side effects, about MONJUVI:

MONJUVI may cause serious side effects, including infusion-related reactions, low blood cell counts, and infections.

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

MONJUVI[®]
tafasitamab-cxix | 200mg
for injection, for intravenous use

Staying on track with treatment

Living with DLBCL that has come back or did not respond to previous treatment—and managing your treatment with MONJUVI—means you have a lot on your mind. Keeping track of what’s happening during treatment will help you stay organized. This journal is designed to help you keep a record of information you need about MONJUVI.

Use this journal to help you plan during your first year of treatment. You’ll find one page for each infusion of MONJUVI, through 12 cycles of treatment, where you can write down anything you need to remember. You can bring your journal with you to all of your appointments with your healthcare team to help you review how your treatment is going.



IMPORTANT SAFETY INFORMATION

Important information I should know, including possible side effects, about MONJUVI (cont'd):

The most common side effects of MONJUVI include feeling tired or weak, diarrhea, cough, fever, swelling of lower legs or hands, respiratory tract infection, and decreased appetite.

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MONJUVI[®]
tafasitamab-cxix | 200mg
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Be sure to keep track of important information, including:

- Any side effects you experience after receiving MONJUVI, including the date, duration, and time they happened
- Changes in your condition, either physical (such as fever and fatigue) or mental (such as anxiety and depression)
- Questions you have for your healthcare team



Your journal can be a reflection of who you are. Writing down thoughts that inspire you, goals you have, and activities you're looking forward to may help you stay motivated about your treatment.

IMPORTANT SAFETY INFORMATION

Important information I should know, including possible side effects, about MONJUVI (cont'd):

These are not all the possible side effects of MONJUVI. Your healthcare provider will give you medicines before each infusion to decrease your chance of infusion reactions. If you do not have any reactions, your healthcare provider may decide that you do not need these medicines with later infusions. Your healthcare provider may need to delay or completely stop treatment with MONJUVI if you have severe side effects.

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

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Starting treatment with MONJUVI and lenalidomide

Understanding your infusion schedule

Each treatment cycle of MONJUVI lasts for 28 days, according to the dosage schedule below. Your doctor will also prescribe a 25-mg lenalidomide capsule for you to take orally once a day on days 1 to 21 of each treatment cycle, for the first 12 cycles.

You will receive MONJUVI on 5 days during your first cycle.

▶ Cycle 1

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | | | | ■ | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |

For your second and third cycles, you will receive MONJUVI on 4 days.

▶ Cycles 2 and 3

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |

After your first 3 cycles, you will receive MONJUVI once every 2 weeks.

▶ Cycles 4 to 12

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |

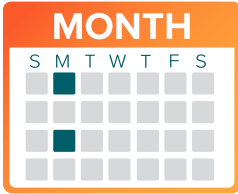
After 12 cycles, you will receive only MONJUVI.

▶ Cycle 13 and after

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |

Your healthcare team will monitor and may adjust your dose of lenalidomide as needed throughout your treatment.

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.



Keep track of when you are scheduled to receive your next infusion of **MONJUVI** by writing your appointment dates in the chart below. Doing so gives you an easy way to reference your previous infusion dates.



Write in your infusion date

Month / Day / Year



Write in your infusion time

Circle AM or PM

► **Cycle 1**

Day 1 / / AM/PM
 Day 4 / / AM/PM
 Day 8 / / AM/PM
 Day 15 / / AM/PM
 Day 22 / / AM/PM

► **Cycle 2**

Day 1 / / AM/PM
 Day 8 / / AM/PM
 Day 15 / / AM/PM
 Day 22 / / AM/PM

► **Cycle 3**

Day 1 / / AM/PM
 Day 8 / / AM/PM
 Day 15 / / AM/PM
 Day 22 / / AM/PM



Write in your infusion date
Month / Day / Year



Write in your infusion time
Circle AM or PM

▶ **Cycle 4** Day 1..... / / AM/PM

Day 15..... / / AM/PM

▶ **Cycle 5** Day 1..... / / AM/PM

Day 15..... / / AM/PM

▶ **Cycle 6** Day 1..... / / AM/PM

Day 15..... / / AM/PM

▶ **Cycle 7** Day 1..... / / AM/PM

Day 15..... / / AM/PM

▶ **Cycle 8** Day 1..... / / AM/PM

Day 15..... / / AM/PM

▶ **Cycle 9** Day 1..... / / AM/PM

Day 15..... / / AM/PM



Write in your infusion date

Month / Day / Year



Write in your infusion time

Circle AM or PM

▶ **Cycle 10** Day 1..... / / AM/PM

Day 15..... / / AM/PM

▶ **Cycle 11** Day 1..... / / AM/PM

Day 15..... / / AM/PM

▶ **Cycle 12** Day 1..... / / AM/PM

Day 15..... / / AM/PM



To create a personalized schedule for your treatment with **MONJUVI** and lenalidomide, visit **MONJUVI.com**

Starting treatment with MONJUVI and lenalidomide (cont'd)

If you're receiving MONJUVI for the first time, here are some suggestions to help make an infusion day smoother.

1. Eat a healthy breakfast

- Eating a hearty meal prior to your appointment can help provide energy throughout the infusion process.



2. Give yourself time

- Your first infusion will take about 1 ½ to 2 ½ hours. Your infusion time may vary if your healthcare team needs to make adjustments during treatment.
- After that, the infusion time will be between 90 minutes and 2 hours.
 - Your healthcare team may need to delay or completely stop treatment with MONJUVI if you have severe side effects.



IMPORTANT SAFETY INFORMATION

Important information I should know, including possible side effects, about MONJUVI (cont'd):

Before receiving MONJUVI, tell your healthcare provider about all your medical conditions, including if you have an active infection or have had one recently, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed.

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

MONJUVI[®]
tafasitamab-cxix | 200mg
for injection, for intravenous use

- Your healthcare provider will give you medicines before each infusion to decrease your chance of infusion reactions. If you do not have any reactions, your healthcare provider may decide that you do not need these medicines with future infusions.



- Lab work may be done before or during your appointment, which may impact the length of your visit.



3. Wear warm and comfortable clothing

- Choose a layered, loose-fitting outfit so you can adjust to the temperature in the infusion room.



4. Stay occupied

- Bring reading materials, headphones with a phone and/or tablet, crossword puzzles, or anything else to help pass the time.



IMPORTANT SAFETY INFORMATION

Important information I should know, including possible side effects, about MONJUVI (cont'd):

You should not become pregnant or breastfeed during treatment with MONJUVI and should use an effective method of birth control (contraception) and not breastfeed during and for at least 3 months after your last dose of MONJUVI. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with MONJUVI. **Refer to the lenalidomide Medication Guide for important information about pregnancy, contraception, and blood and sperm donation.**

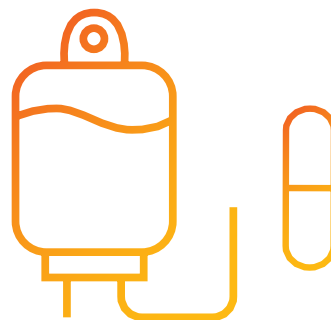
Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

Starting treatment with MONJUVI and lenalidomide (cont'd)

Receiving your treatment

MONJUVI will be given to you by your healthcare provider as an intravenous (IV) infusion into one of your veins. You will receive MONJUVI in a clinic or infusion center, **so there's no need to travel to a special cancer center.**

Your doctor will also prescribe a 25-mg lenalidomide capsule for you to take orally once a day on days 1 to 21 of each treatment cycle, for the first 12 cycles.



**MONJUVI (IV) +
LENALIDOMIDE (PILL)**

IMPORTANT SAFETY INFORMATION

Important information I should know, including possible side effects, about MONJUVI (cont'd):

Tell your healthcare provider about all the medications you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Call your doctor for medical advice about side effects. You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to MORPHOSYS US INC. at (844) 667-1992.

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

Common side effects

It is important for you to write down how you are feeling and any side effects you may be experiencing. Make sure you talk to your healthcare team about these side effects.

The most common side effects of MONJUVI include:



**Feeling tired
or weak**



Diarrhea



Cough



Fever



**Swelling of lower
legs or hands**



**Respiratory
tract infection**



**Decreased
appetite**

These are not all the possible side effects of MONJUVI. Call your doctor for medical advice about side effects.

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Common side effects (cont'd)

Contact your healthcare team immediately if you notice any of the following specific symptoms after treatment:

- A fever of 100.4 °F (38 °C) or above
- Coughing, runny nose, sneezing, and/or a sore throat, which may be signs of a respiratory tract infection



Infusion-related reactions

Infusion-related reactions can occur at any time during treatment but are more frequent at the beginning of treatment. Your healthcare team may delay or completely stop your infusion and may also give you other medicines if you have severe side effects.

Tell your healthcare team right away if you get:

- Fever, chills, flushing, headache, or shortness of breath during an infusion of MONJUVI
- A fever of 100.4 °F (38 °C) or above, or any bruising or bleeding
- A fever of 100.4 °F (38 °C) or above, or develop any signs or symptoms of an infection

Your healthcare provider will monitor your blood counts prior to each infusion and throughout your treatment with MONJUVI.

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

Finding additional support

The patient organizations and websites below provide helpful and reliable information about DLBCL. These organizations may be able to help you locate national and local support groups.

Ask your healthcare team about any of these options, or contact the organizations listed below for more information.

Education and research

American Cancer Society

[cancer.org](https://www.cancer.org)

1-800-227-2345

Leukemia and Lymphoma Society

[lls.org](https://www.lls.org)

1-800-955-4572

Lymphoma Research Foundation

[lymphoma.org/DLBCL](https://www.lymphoma.org/DLBCL)

1-800-500-9976

National Comprehensive Cancer
Network Foundation

[nccn.org/patients](https://www.nccn.org/patients)

215-690-0300

Medline Plus

[medlineplus.gov](https://www.nlm.nih.gov/medlineplus)



National Library of Medicine

[nlm.nih.gov](https://www.nlm.nih.gov)

NIH/National Cancer Institute

[cancer.gov](https://www.cancer.gov)

1-800-4-CANCER

(1-800-422-6237)

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

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Finding additional support (cont'd)

Counseling, support, and advocacy groups



CancerCare
cancercares.org
1-800-813-HOPE
(1-800-813-4673)

Cancer Hope Network
cancerhopenetwork.org
1-877-HOPENET
(1-877-467-3638)

DLBCL Support Source
dlbclsupportsource.com

Cancer Support Community
cancersupportcommunity.org
1-888-793-WELL
(1-888-793-9355)

Patient Advocate Foundation
patientadvocate.org
1-800-532-5274

MorphoSys and Incyte are not affiliated with these organizations but have provided funding for some of their educational programs. This is not a complete list of organizations within the DLBCL community.

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.

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For patient support, including financial assistance, ongoing education, and resources, contact **My MISSION Support** at **855-421-6172** or visit our website at **MyMISSIONSupport.com**.

Visit **MONJUVI.com** for more information about your treatment with MONJUVI. You and your treatment team can build a customized treatment schedule.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment

Please see the full [Prescribing Information](#), including Patient Information, for additional Important Safety Information.



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Incyte and the Incyte logo are registered trademarks of Incyte Corp.



MONJUVI[®]
tafasitamab-cxix | 200mg
for injection, for intravenous use

My next infusion

Cycle 1

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | ■ | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 1..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 1

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | ■ | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 4..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 1

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | ■ | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 8..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.



Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 1

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | ■ | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion

Cycle 1

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | ■ | | | | ■ | | | | | | | ■ | | | | | | ■ | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 22 / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 2

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 1..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 2

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
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| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 8..... ///
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.



Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 2

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 2

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | ■ | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 22 / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 3

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 1..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 3

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 8..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 3

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 3

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | | ■ | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | |



Day 22 / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion

Cycle 4

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... //
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 4

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 5

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... //
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 5

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 6

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... //
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 6

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15 / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 7

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 7

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 8

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 8

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 9

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... //
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Remember to take your lenalidomide capsule orally once a day on days 1 to 21 of each treatment cycle for the first 12 cycles as directed by your doctor.

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your treatment.

Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 9

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 10

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 10

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15 / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 11

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 11

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 12

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 1..... //
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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My next infusion



Cycle 12

| DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MONJUVI 12 mg/kg | ■ | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | |
| Lenalidomide 25 mg daily | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | |



Day 15..... / /
Month Day Year



..... AM/PM
Circle AM or PM

How I've been feeling since my last infusion

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Questions for my healthcare team:

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Changes I've noticed about how I feel

Physical

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Mental

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Any side effects I've noticed (date, time, and duration)

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My goals

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Ideas that inspire me

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