

SELF-ADVOCACY TOOLKIT

PREFACE:

It's no secret that speaking up for yourself is nerve-wracking, not to mention advocating for your reproductive health, in a world where women's bodies are a major taboo.

You could follow our advice to a T and fill out the questionnaires with the utmost detail, but the most effective strategy for being believed as a female patient is confidence. Through the follow exercises provided, you will be doing a lot of reflecting on your experiences with your symptoms. This is proof that you know your body. Use that as your number one argument. You have been in tune with yourself, and you know what is and is not normal for you.

Take a couple of weeks to fill out all of the activities, and bring the papers to your appointments to be sure you are recounting events exactly as they were.



NAME: _____

get your
POINT
across

Do you experience excessive pain in your lower abdomen? If so, describe it along with how long you have had this symptom.

Do you experience strong lower back and/or leg pain during your period? If so, describe it along with how long you have had this symptom.

Do you experience spotting in between periods and/or a heavy flow during your menstrual cycle? If so, how long have you had this symptom?

Do you experience irregular periods?

Do you experience constipation and/or diarrhea regularly? If so, how long have you had this symptom?

Do you experience pain during intercourse? If so, how long have you had this symptom?

Has any other woman closely related to you been diagnosed with endometriosis?

NAME: _____

PATIENT

Log

Date: _____

Date: _____

Date: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Date: _____

Date: _____

Date: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Date: _____

Date: _____

Date: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Date: _____

Date: _____

Date: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Period day (if applicable): _____

Symptoms: _____

Medication(s) taken: _____

Document your symptoms
DAILY

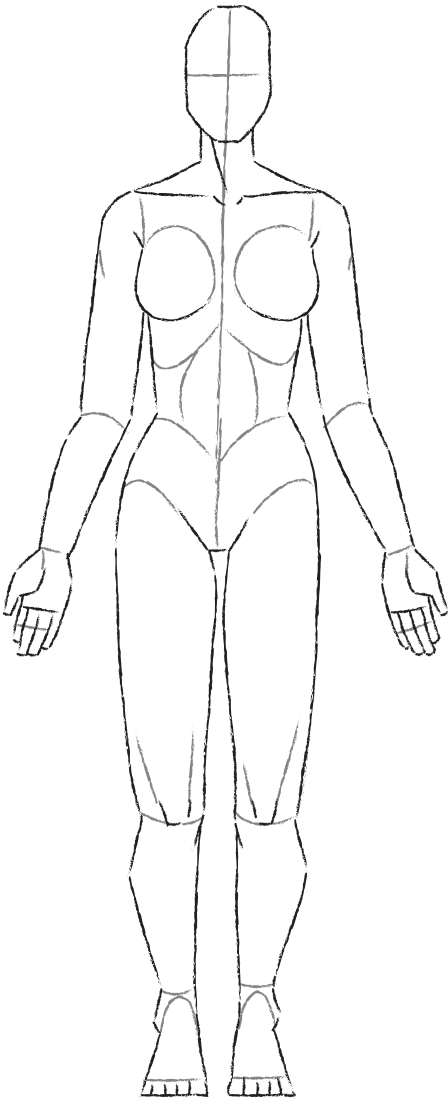
NAME: _____



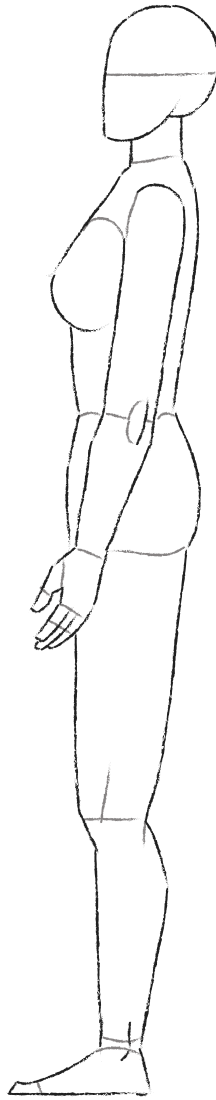
COLOR CODE

CONSTANT PAIN

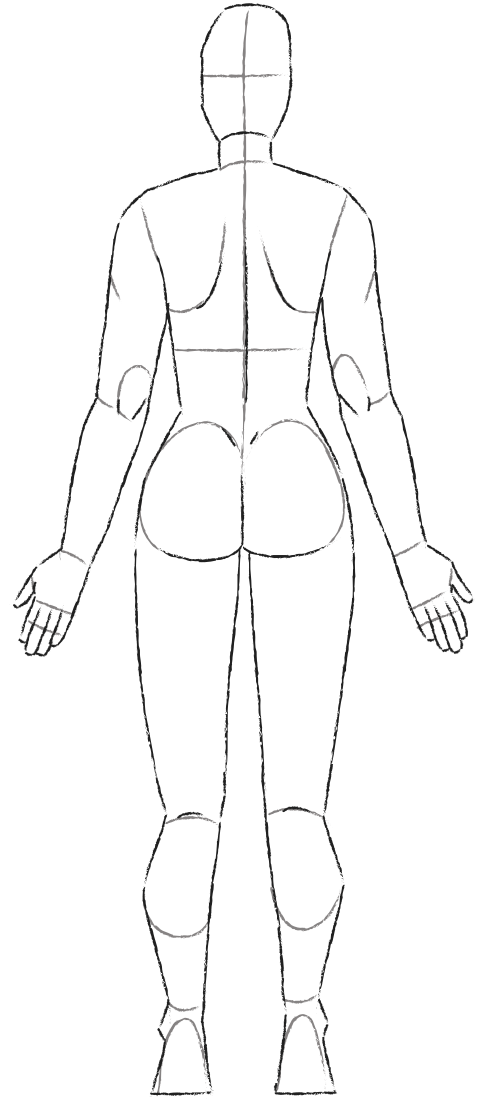
PAIN ONLY DURING MENSTRUAL CYCLE



Front



Side



Back

Appointment Summary

NAME: _____

DATE: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.