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:_____

PROVE

your point

Do you expereince excessive pain in your lower abdomen? If so, describe it.

Do you expereince strong lower back and/or leg pain during your period? If so, describe it.

Do you experience spotting in between periods and/or a heavy flow during your menstrual cycle?

Do you experience irregular periods?

Do you experince constipation and/or diarrhea regularly?

Do you experience pain during sexual intercourse?

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

NAME:________

PATIENT

Log

Date:

Period day (if applicable):____
Symptoms:____________________

Medication(s) taken:

Date:

Period day (if applicable):____
Symptoms:____________________

Medication(s) taken:

Date:

Period day (if applicable):____
Symptoms:____________________

Medication(s) taken:

Date:

Period day (if applicable):____
Symptoms:____________________

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Date:

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Date:

Period day (if applicable):____
Symptoms:____________________

Medication(s) taken:

Date:

Period day (if applicable):____
Symptoms:____________________

Medication(s) taken:

Date:

Period day (if applicable):____
Symptoms:____________________

Medication(s) taken:

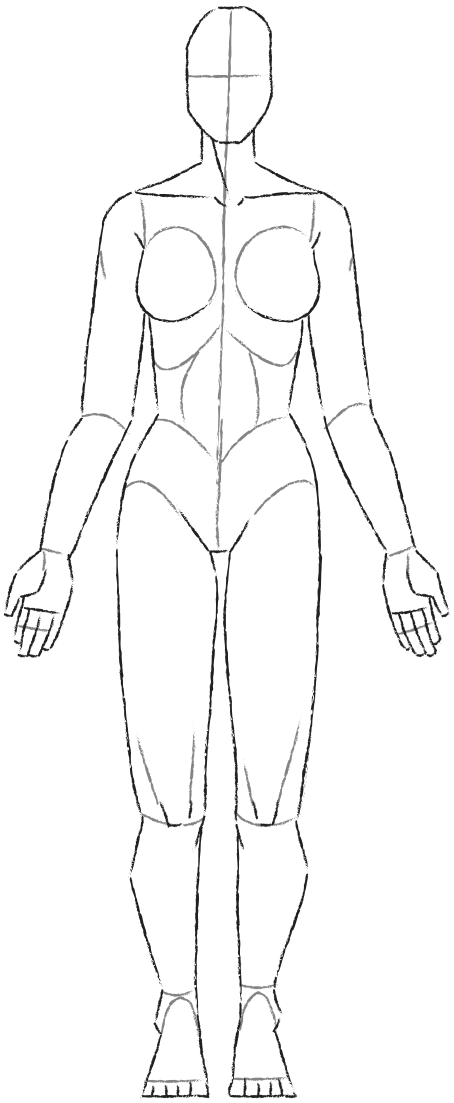
Document your symptoms DAILY

NAME:_____

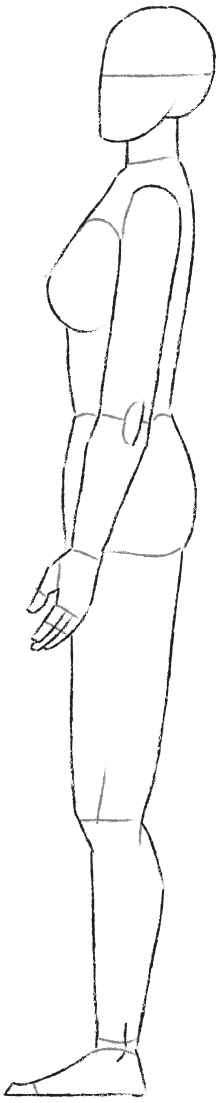
COLOR CODE

CONSTANT PAIN

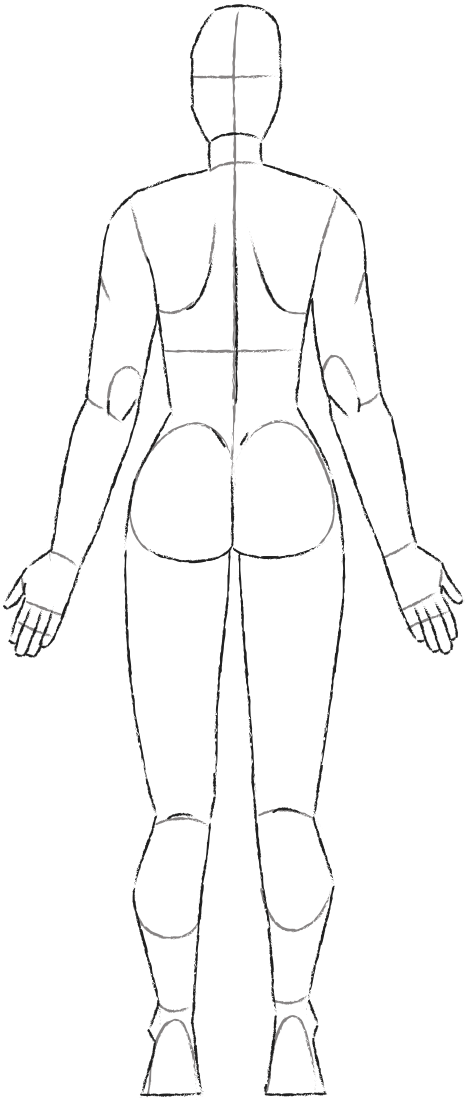
PAIN ONLY DURING MENSTRUAL CYCLE



Front



Side



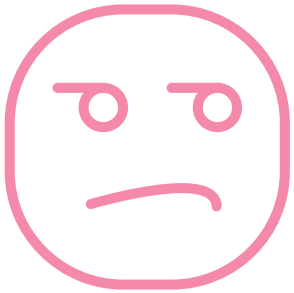
Back

PERSONAL

No pain

0/10 - 2/10

Discomfort



3/10 - 5/10

Mild pain

6/10 - 7/10

Extreme Pain

8/10 - 10/10

PAIN CHART