Self-Advocacy Checklist for Your Doctor's Appointment

| Before Your | | During Your | |
|---|---|-------------|---|
| Appointment | | Appointment | |
| | Track symptoms in a diary (type, frequency, triggers, severity, impact on life). Write down your top three concerns / questions. | | Clearly state your main symptoms and their impact on your daily life. Refer to your notes/diary. |
| | List all medications and supplements you take. | | Ask your prepared questions. |
| | Consider asking a trusted person to accompany you. | | If you feel dismissed, calmly say: "I'm concerned about X, what can we do to investigate this further?" |
| After Your | | | |
| Appointment | | | |
| Review any notes you or your support person took. | | | |
| | If you feel unheard or your concerns weren't addressed, actively plan to seek a second opinion. | | |
| | Follow up on any agreed actions (e.g., scheduling tests, referrals). | | |
| Check your coverage for free incontinence supplies with Aeroflow Urology. | | | |

