

# My Symptoms

## PROBLEM

What problem, concern, or symptom do you want or need to talk about? This may be a concern about your physical health, your mental health, or both. *(Example: I am feeling more tired lately.)*

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## BACKGROUND

Provide a few details about your problem or concern in the space below. For example, when did you first notice the problem? Does anything make it better or worse? You may also want to write down how it impacts your daily life. *(Example: I have no energy. I am sleeping okay at night, but I still need one to two naps every day. I thought the naps would help, but they have not. I am having trouble staying awake at work.)*

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## I THINK/FEEL/KNOW...

Use this space to describe what you think is causing your symptoms, how you feel, and what you know. *(Example: I think my symptoms are caused by my genetic condition.)*

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## ASK

Use this space to write down any questions you have for your doctor or nurse. You can also write down how you would like your health care team to help. Your doctor or nurse may have some ideas, too! *(Example: Can we check my blood levels? I want to make sure nothing has changed.)*

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**Remember The Girls** is a nonprofit that aims to break the stigma facing females impacted by X-linked conditions by providing them with tools to seek support, engage with research, and access family planning options, as well as by advocating for increased attention of medical professionals to the physical, emotional, and reproductive needs of this community. Visit [rememberthegirls.org](http://rememberthegirls.org) for more.