FlareDiary

The Appointment Survival Guide

How to walk in with evidence — and walk out taken seriously.

— What's really going on when pain gets dismissed (with sources)

— The 5 things to track before your next appointment

— Exact words that change the conversation

— A printable symptom-tracking template

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PART 1

You’re not imagining it

If you have ever left a doctor’s office feeling crazy — told that your pain is “normal,” “stress,” or “just a bad period” — this page is for you. You don’t need to know what’s wrong yet. You just need to know you’re not making it up. Read these numbers slowly.

1 in 10

women and girls of reproductive age live with endometriosis alone — one of many conditions behind pain that gets waved away (World Health Organization).

10+ years

the median time from first symptoms to a diagnosis, across multiple studies (systematic review, 2024; meta-analysis, Frontiers in Medicine, 2025).

74%

of patients receive at least one incorrect diagnosis before the real cause is finally identified.

81%

of patients in a 2025 study (n=468) reported distressing medical interactions — dismissal, disbelief, and gatekeeping were the most common.

You don’t need a name for it yet

Persistent pelvic or period pain can come from many things — endometriosis, PCOS, adenomyosis, fibroids, and more. They’re different conditions, but they share one cruel pattern: the pain is real, it comes and goes in *flares*, and it’s far too often brushed off as normal. Whatever is behind yours, you don’t have to have it figured out to be taken seriously. That’s the doctor’s job — your job is to bring them something they can’t ignore.

The one sentence to remember: **pain you describe is easy to dismiss. Pain you document demands investigation.** The rest of this guide shows you how to document yours.

PART 2

Why doctors dismiss — and what changes their mind

Most dismissal is not cruelty. It is a system problem meeting a bias problem: appointments are short, period pain is normalized everywhere, conditions like endometriosis are under-taught in medical training, and there is often no simple test — a diagnosis requires someone deciding your symptoms justify investigation. That decision is exactly where documentation changes everything.

A doctor hearing *"I'm in a lot of pain"* has nothing to act on. A doctor reading **"pelvic pain at 8/10 on 14 of the last 30 days, always worst in the 3 days before my period, unresponsive to ibuprofen, caused 4 missed workdays"** is looking at a clinical pattern. Same woman. Same pain. Different outcome.

What dismissal sounds like

"Period pain is normal." · "You're too young for that." · "Have you tried losing weight / relaxing / yoga?" · "Your tests came back fine, so nothing is wrong." · "Let's just see how it goes."

What you can say back

To "period pain is normal": **"Pain that makes me miss work and cancel plans is not functioning-normal. I've documented how often that happens — can we look at it together?"**

To "the tests are fine": **"I understand the tests are normal. My symptoms are still here and documented over X weeks. What is the next step to investigate them?"**

To "let's wait and see": **"I'd like it noted in my file that I reported these symptoms today and we chose to wait. Can we set a specific date to review?"**

That last one matters: politely asking for symptoms to be recorded in your file is powerful. It is entirely reasonable, and it changes incentives — undocumented complaints vanish; documented ones get followed up.

PART 3

The 5 things to track before your appointment

Two to eight weeks of the following turns your story into evidence. Every item exists because clinicians actually use it.

1. **Pain, as a number**

   Rate it 0–10 every day it appears. Note the type: stabbing, cramping, burning, throbbing. “It hurts a lot” becomes “8/10 stabbing pain.”

2. **Location**

   Pelvis, lower back, legs, bladder, bowel, during intimacy. Different conditions have different location patterns — where it hurts is information a doctor can use.

3. **Cycle timing**

   Which cycle day did the pain occur? Pain that tracks your cycle — especially the days before and during your period — is a key clue clinicians look for.

4. **What you tried**

   Every medication or remedy, and whether it helped. “Ibuprofen did not touch it” is clinically meaningful — write it down.

5. **What it cost you**

   Missed work or school, canceled plans, nights without sleep, days in bed. Function loss is the language of severity.

Also worth noting when relevant: heavy bleeding or spotting between periods, bloating, fatigue, painful bowel movements or urination, nausea, and sleep quality. Patterns among these strengthen the picture.

PART 4

Your one-week tracking template

Print this page (or copy it into a notebook). One row per day — even 60 seconds of notes builds the record. Track at least two weeks; through one full cycle is better.

Day	Pain 0–10 + type	Where	Cycle day	Meds / helped?	What it cost me
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Before the appointment, summarize the top of your notes in three lines:

> “Over the last ___ weeks: pain on ___ days, average ___/10, worst ___/10. Worst days cluster ___ (e.g., the week before my period). Tried ___, which ___. It caused ___ missed days of work/school.”

Those three lines are a clinical summary. Most patients never bring one. You will.

PART 5

At the appointment: your script

Open with the summary, not the story

Stories are easy to interrupt; summaries are hard to dismiss. Start with your three-line summary from Part 4, hand over your written record, and then say what you want:

“I’ve been tracking my symptoms for ___ weeks — here is the record. Based on this pattern, I’d like us to discuss what could be causing it — endometriosis, PCOS, or something else — and what investigation makes sense.”

Questions worth asking

“Could these symptoms point to a condition like endometriosis or PCOS?”

“What would we need to do to investigate — exam, ultrasound, referral to a specialist?”

“If we treat and it doesn’t improve, what is the next step, and when?”

“Can you note my reported symptoms and our plan in my file?”

Your quiet rights

You can bring a support person — people report being treated differently with a witness present. You can ask for symptoms to be recorded in your file. You can ask for a referral. And you can seek a second opinion — persistence is normal when pain is hard to diagnose; many patients see several doctors before one listens. A second opinion is not rude; it is how these conditions get found.

If you feel dismissed again: **you did nothing wrong.** Take your record to another clinician. The documentation you built keeps its value — every appointment it gets stronger.

A SMALL, HONEST POSTSCRIPT

Keep tracking — with or without the spreadsheet

Everything in this guide can be done with paper and a pen. If you'd rather have it automated — the daily log, the patterns, and a clean doctor-ready report built for you — that's exactly why we made **FlareDiary**. It's free to track, no account, no email, and your data never leaves your phone.

You don't need a diagnosis to start. Finding your pattern is how you get one.

When you're ready to turn this into proof

However you track — paper, a notes app, or FlareDiary — what matters is starting, at your own pace. If you'd like the easier way, the app does it for you: about 60 seconds a day, completely free, and in a few weeks you'll have exactly the record this guide describes — ready to hand your doctor.

Try tracking free → flarediary.com

No account. No email. Your data never leaves your phone.

Whatever you do, keep going. Your pain is real, and it deserves to be on paper.
