

# Mobility Aid Brainstorming

Use this worksheet to brainstorm your discussion points

## Step One

Mobility Aid:

Doctor:

## Step One

- Describe your symptoms/diagnosis

## Step Two

- How are your symptoms affecting your quality of life?

## Step Three

- How would a mobility aid help to improve your symptoms and allow you to do activities you struggle to do now?
  
- How would a mobility aid increase your physical activity?

## Step Four

- Outside of a mobility aid, what other treatments do you have to mitigate symptoms? (PT, meds, infusions, etc.)

# Mobility Aid Brainstorming

Fill out this script with your answers above and use it to talk to your doctor!

Hi,

As you know, I have \_\_\_\_\_  
(add symptoms/diagnosis)

\_\_\_\_\_ which effect my ability  
to \_\_\_\_\_  
(add activities)

Right now I \_\_\_\_\_  
(use borrowed aid/hang onto walls/have to sit every 5 mins)

but that's not really working and I've been looking at how

a \_\_\_\_\_ would help with my  
(add mobility aid)

symptoms and give me the quality of life I want. I'd be able to

\_\_\_\_\_ (add activities)

With this aid I'd be able to increase my mobility and work on increasing my physical activity. Of course, this would act as an addition to my treatments, and actually help me be able

to \_\_\_\_\_ my  
(conserve energy/safely access/independently access)

\_\_\_\_\_ What are your thoughts on  
(add treatment option)

prescribing me \_\_\_\_\_ so I can try it out?  
(add mobility aid)