



# PKD Connect mentor and mentee action plan form

**1** What worries me:

**2** I want to work on:

**3** My actions are:

**a** Talk to these people:

**b** Get this medical information:

**c** Get other information:

**4** What is likely to get in the way:

**5** I will ask for help from:

**6** Available PKD Foundation resources:

**7** Today's date:

**8** I want to take care of the problem by this date:

**9** In case of a crisis I will: