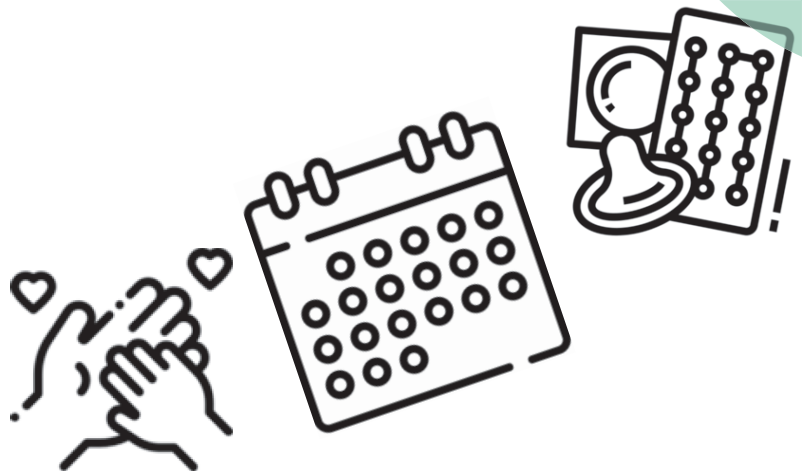


Bring me to  
each consul tation!

# MY FAMILY PLANNING JOURNEY BOOK



**USAID**  
FROM THE AMERICAN PEOPLE

Breakthrough  
**ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE





## Getting started

We recommend to fill in your Profile and History pages with the help of your Healthcare Provider.

## How to use your journey book ?

This book is for you to keep at home, and record your Family Planning journey : your pregnancies, births, miscarriages, abortions, contraception methods, side effects\*, but also your emotions through all these events!

This information will be helpful for your Healthcare provider to understand what you are going through and advise you better. If you are experiencing contraceptive side effects, your Healthcare provider can, for example, advise you to switch contraception, to find the method **THAT WORKS FOR YOU**.

This journey book is also a way for you to understand your body better through all the stages of your reproductive life. There is no right or wrong way to use this book: write down what you feel on the timeline, and do not forget to bring it with you for each consultation with your doctor.

*\* common side effects include : nausea, headaches, mood changes, spotting, fatigue, weight gain, missed period.*



## PERSONAL INFORMATION

Name	Contact
Address	

## EMERGENCY CONTACT PERSON

Name	Contact

# My Medical History



## MEDICAL CLINIC INFORMATION

My Healthcare practitioner : name and contact

My Health facility : name and address

## MEDICAL CONDITIONS

Health conditions and treatments	Start - End dates

Medical procedures and dates	Allergies (drug / dietary)

# My Reproductive History



## CHILDBIRTH HISTORY

Type of child birth	Year of birth	Other important details
1. <input type="checkbox"/> Natural <input type="checkbox"/> C-Section		
2. <input type="checkbox"/> Natural <input type="checkbox"/> C-Section		
3. <input type="checkbox"/> Natural <input type="checkbox"/> C-Section		
4. <input type="checkbox"/> Natural <input type="checkbox"/> C-Section		
5. <input type="checkbox"/> Natural <input type="checkbox"/> C-Section		

Do you plan on having more children? ☐ Yes ☐ No

## OTHER PREGNANCIES

Type and number	Year(s)	Other important details
<input type="checkbox"/> Miscarriage(s)		
<input type="checkbox"/> Abortion(s)		

# My Contraceptive History



## CONTRACEPTION METHODS YOU HAVE USED

<b>Type of contraceptive</b> <input type="checkbox"/> Condoms	<b>Start - End dates (MM/YY)</b> <input type="text"/>	<b>Type of contraceptive</b> <input type="checkbox"/> Pills	<b>Start - End dates (MM/YY)</b> <input type="text"/>
<b>List any side effect</b> <input type="text"/>		<b>List any side effect</b> <input type="text"/>	
<b>Type of contraceptive</b> <input type="checkbox"/> Injectibles	<b>Start - End dates (MM/YY)</b> <input type="text"/>	<b>Type of contraceptive</b> <input type="checkbox"/> IUD	<b>Start - End dates (MM/YY)</b> <input type="text"/>
<b>List any side effect</b> <input type="text"/>		<b>List any side effect</b> <input type="text"/>	
<b>Other contraception method</b>	<b>Start - End dates</b>	<b>List any side effect</b>	
<input type="text"/>			



# Example on how to fill your journey - patient

Jan

Feb

Mar

Apr

Jun

Jul

## My Reproductive journey



Record pregnancies and births

Record consultations and interventions

## My Emotions



Record changes in mood, well-being, and feelings

## My Contraceptive journey



Record contraception methods and physical side effects

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*Record consultations and interventions*

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This activity is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the U.S. Government.

