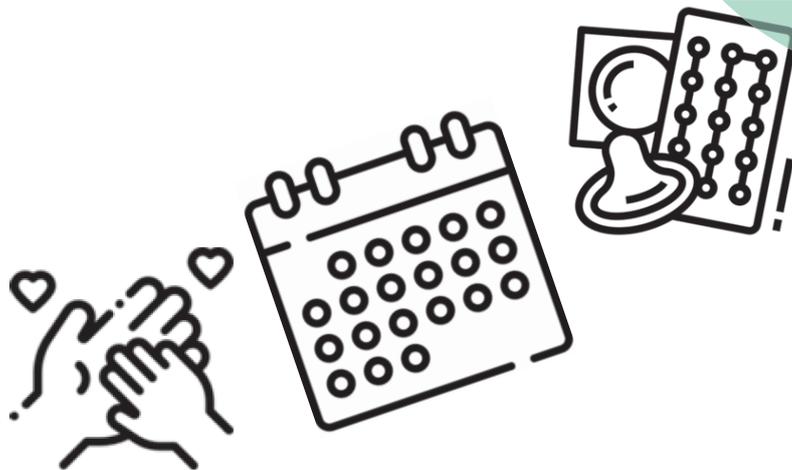


Bring me to
each consul tation!

MY FAMILY PLANNING JOURNEY BOOK



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

Type of contraceptive Condoms

Start - End dates (MM/YY)

List any side effect

Type of contraceptive Pills

Start - End dates (MM/YY)

List any side effect

Type of contraceptive Injectibles

Start - End dates (MM/YY)

List any side effect

Type of contraceptive IUD

Start - End dates (MM/YY)

List any side effect

Other contraception method Start - End dates List any side effect

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

Record consultations and interventions

YEAR : _____

Jan

Feb

Mar

Apr

Jun

Jul

My Reproductive journey



Record pregnancies and births

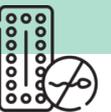
Record consultations and interventions

My Emotions



Record changes in mood, well-being, and feelings

My Contraceptive journey



Record contraception methods and physical side effects

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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



Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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



Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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

Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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



Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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



Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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



Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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



Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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



Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

Jul

My Reproductive journey



Record pregnancies and births

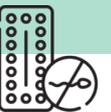
Record consultations and interventions

My Emotions



Record changes in mood, well-being, and feelings

My Contraceptive journey



Record contraception methods and physical side effects

Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

YEAR : _____

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

Record consultations and interventions

Aug

Sep

Oct

Nov

Dec

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



Record consultations and interventions



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--



For your Healthcare provider to fill during consultations

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

Date (DD/MM/YY) Name & contact of HCW

--	--

Purpose of visit and / or symptoms

Recommendations and / or prescription for patient

--	--

To do until next consultation

Next consultation date

--	--

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.

