



# Life Planning Tool

Someday starts now.



#1-460



## My someday starts now. I'm planning it today.

Like most journeys, **life is easier when you have a road map.** That's the point of creating a life plan. From education and work to relationships and family, your plan is a snapshot of what you're doing today, and the way you'll get to where you want to be tomorrow. There are no right or wrong answers; in fact, your plan will probably evolve over the years, just like life does. So let's get started!

### Get started now.

Forget the pen and grab a pencil, since you may want to make some changes down the road. Answer the questions in the following form. At the end of the form, you'll find a blank life plan. Fill it in using your answers from the form as a guide. The result? Your very own, personalized life plan to guide you in the years ahead.

### Share your plan.

At your next checkup, bring your completed life plan with you. Share it with your doctor and don't be afraid to ask questions. Your doctor is guaranteed to have some good advice. Share your plan with your friends, family and your partner, too.

#### THE LIFE PLAN OF

\_\_\_\_\_

name

\_\_\_\_\_

date

\_\_\_\_\_

age

#### MY HEALTH CARE PROVIDER

\_\_\_\_\_

name

\_\_\_\_\_

phone number

\_\_\_\_\_

my last appointment

\_\_\_\_\_

my next appointment

## Relationship status?

Whether you're single, dating, married or somewhere in-between, relationships are important. Think about the kind of person you might want to have a future with (and it's OK if the answer is no one). If you're already married, what does your future together look like? Be honest!

#### My current status:

- Single
- Dating
- Steady relationship
- In a committed relationship or married
- Separated
- Divorced
- Widowed

#### I would like to be in a **serious committed relationship**:

- Never!
- Soon!
- In 1-5 years
- In 5-10 years
- Someday, but not sure when
- I'm already in a serious committed relationship
- I'm not sure if I ever want to settle down

# How do kids fit into your life?

Do you plan on having a baby someday? Or if you already have kids, do you want more? Or would you like to make sure pregnancy is WAY out of the picture? Whatever your situation, remember that about 50 percent of all pregnancies in the U.S. are unplanned. Be prepared and choose a birth control method that works for you. Also, don't forget to make testing for STIs (sexually transmitted infections) a regular habit.

**How many kids** would you like to have?

- I don't want kids
- I'm not thinking about kids right now
- 1-2 kids
- 2-4 kids
- 4+

**My birth control** method of choice:

- The pill, patch or ring
- Other \_\_\_\_\_
- Condoms
- None
- IUD or implant
- None, but I'm considering it

If I have **more than one child**, I would like them to be:  
*(at least 18 months but no more than 5 years between pregnancies is recommended)*

- I haven't thought about this. (Why does it matter?)
- 12 months apart (this interval is associated with an increased risk of complications)
- 1-2 years apart
- 2-4 years apart
- 5+ years apart (this interval is associated with an increased risk of complications)
- I already have kids \_\_\_\_\_ years apart

# Who do you want to be?

Are you working and moving along in your career? Or are you in school right now? Or perhaps you're working hard raising kids. Whatever you do, make sure and think about how it will work into your life plan. Think about how secure you feel about money. Also, consider what it might look like if you do or do not add a child into your life.

**Before I start a family** or grow my existing one, I want to: *(you can check more than one)*

- Finish high school
- Finish college
- Have a full-time job
- Have been in a relationship for \_\_\_\_\_ years
- Wait until the kids I have are \_\_\_\_\_ years old

I want to accomplish these educational and/or work goals first, **before having kids**:

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**I already have kids**. But my education and/or work goals are:

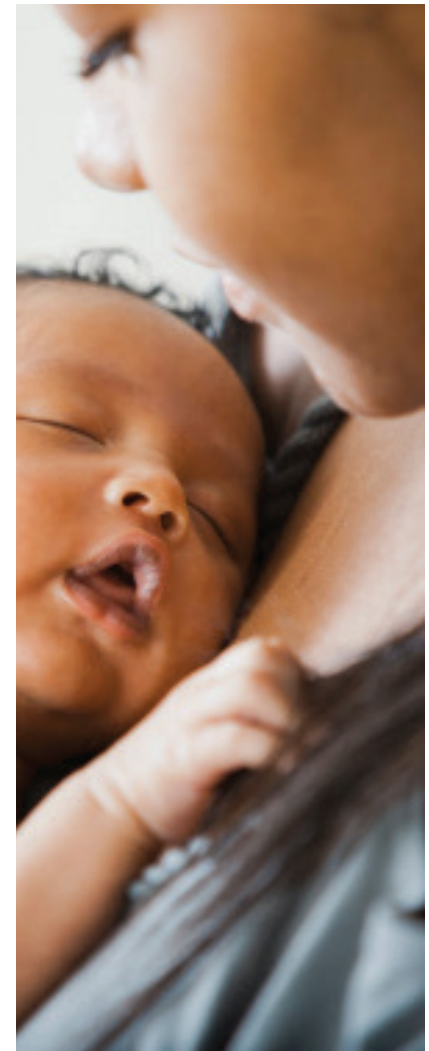
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**Financially**, I feel:

- Somewhat secure
- Completely secure
- Worried
- I can't pay bills
- I need help managing my money



# How to reach my goals.

Take care of your body so it can take care of you. Choose healthy foods, drink lots of water and take a daily vitamin with folic acid. And remember that you need to recharge every night with at least seven to nine hours of sleep. You'll wake up rested and ready to conquer the world.

## I exercise:

- |   |   |
|---|---|
| <input type="checkbox"/> Once a week      | <input type="checkbox"/> Sometimes                    |
| <input type="checkbox"/> 1-3 times a week | <input type="checkbox"/> Never                        |
| <input type="checkbox"/> 3-5 times a week | <input type="checkbox"/> I would like help exercising |

## I am happy with my **current weight**:

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> It could be better     |
| <input type="checkbox"/> No  | <input type="checkbox"/> I don't think about it |

## I eat:

- |   |   |
|---|---|
| <input type="checkbox"/> Fewer than 3 meals a day | <input type="checkbox"/> 3 meals and snacks |
| <input type="checkbox"/> 3 meals a day            | <input type="checkbox"/> 3+ meals a day     |

**My meals and snacks** are usually these kinds of foods: *(Include the types of foods you usually eat, such as bananas, salads, chicken, french fries, etc.)*

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## I drink:

- |  |
|--|
| <input type="checkbox"/> Fewer than 3 glasses of water a day |
| <input type="checkbox"/> 3-7 glasses of water a day          |
| <input type="checkbox"/> 8+ glasses of water a day           |
| <input type="checkbox"/> I don't drink water                 |
| <input type="checkbox"/> Caffeinated drinks (coffee, soda)   |
| <input type="checkbox"/> Diet drinks                         |
| <input type="checkbox"/> Tea                                 |

I'm getting enough **folic acid** every day:  
*(It is important to take folic acid BEFORE you get pregnant to prevent birth defects. Many breakfast cereals contain 100 percent of the daily recommended dose of folic acid in a single serving.)*

- |                              |                                   |
|------------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> No  |                                   |

## I avoid **cigarette smoking and illegal drugs**:

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I could do better |
| <input type="checkbox"/> No  | <input type="checkbox"/> I need help       |

I drink \_\_\_\_\_ **alcoholic beverages** a week.

I go to my **doctor** at least once a year:

- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

I go to my **dentist** every six months:

- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

## My last dentist appointment:

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## My next dentist appointment:

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I manage my **stress** by:

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## I sleep:

- |   |
|---|
| <input type="checkbox"/> Fewer than 6 hours a night |
| <input type="checkbox"/> 6-8 hours a night          |
| <input type="checkbox"/> 8+ hours a night           |

## In the morning I feel:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Rested | <input type="checkbox"/> Sick   |
| <input type="checkbox"/> Tired  | <input type="checkbox"/> Grumpy |
| <input type="checkbox"/> Sore   |                                 |

My **support system of friends and family** includes:

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# Your life. Your plan.

Now that you've completed the form, take some time to fill in the blanks below. Use your answers from the form if you can't remember. When you're finished, you'll have a plan that's as unique as you are. Sign it as a promise to yourself. Don't forget to show it off at your next doctor's appointment and share it with your partner, family and friends.

The Reproductive Life Plan of: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ My Doctor's Name: \_\_\_\_\_

In my future,

I would like to be \_\_\_\_\_ (*relationship status*) with \_\_\_\_\_ (*number of*)

kids. I currently have \_\_\_\_\_ kids. If I were to have multiple kids, I would like them to be \_\_\_\_\_ year(s) apart from each other.

I will be using \_\_\_\_\_ (*type of birth control*) while \_\_\_\_\_

\_\_\_\_\_ (*going to school, working, staying at home*), making \$ \_\_\_\_\_ (*salary*), exercising \_\_\_\_\_ times a week,

weighing \_\_\_\_\_ pounds, eating foods such as \_\_\_\_\_

\_\_\_\_\_ for breakfast, lunch, and dinner. I will drink \_\_\_\_\_ glasses of water a

day and take a vitamin \_\_\_\_\_ days a week and make sure that it contains folic acid. I will keep my stress under control by \_\_\_\_\_

\_\_\_\_\_. I will limit my alcohol consumption to \_\_\_\_\_

drinks a week and I [will get help to quit smoking / will not smoke] (*circle one*). I will not abuse drugs, which can hurt my mind and body. I

will go to my doctor \_\_\_\_\_ times a year and to the dentist \_\_\_\_\_ times a year. I will get \_\_\_\_\_ hours of sleep every night

and feel \_\_\_\_\_ in the morning. My support system of friends and family will be: \_\_\_\_\_

\_\_\_\_\_  
your signature

I understand that my plan is flexible and will change with the changes in my life. I am excited about my journey and all the possibilities that lie ahead!

