Reproductive Contingency Plan Worksheet

Please use this worksheet as a tool to determine your family planning goals. This is only a worksheet and is not to be substituted for sound medical advice. Please consult with a licensed health care professional for any medical questions or concerns.

Age:\_\_\_\_\_ Age you wish to finish bearing children: \_\_\_\_\_\_\_\_

Number of children: \_\_\_\_\_\_\_\_ Desired number of children: \_\_\_\_\_\_\_\_

Relationship Status: Are you finished with your education? \_\_Yes \_\_No

\_\_\_Single

\_\_\_Dating

\_\_\_Married

\_\_\_Divorced

\_\_\_Widowed

Do you desire to have (more) children? \_\_\_Yes \_\_\_\_No

Why or why not?

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What would you do if you had an unexpected pregnancy today? Check all that apply.

\_\_\_\_\_Quit School

\_\_\_\_\_Move in with relatives

\_\_\_\_\_Move out on your own

\_\_\_\_\_Move in with partner/significant other

\_\_\_Have an abortion, secretly

\_\_\_Allow partner to decide whether they want to keep the pregnancy

\_\_\_Have an abortion, with family/partner knowledge

\_\_\_Have the baby, then adoption

\_\_\_Have the baby, keep the baby

\_\_\_Have the baby, allow relatives to raise the baby

Have you ever had your fertility tested (FSH, Ovarian reserve, etc)? \_\_\_Yes \_\_\_No

Do you believe that you may have difficulty achieving pregnancy? \_\_Yes \_\_\_No

Are you familiar with any fertility clinics in your area? \_\_\_Yes \_\_\_\_No

Are you currently doing anything to prevent pregnancy? \_\_\_ Yes \_\_\_\_No

Do you have any known reproductive issues? \_\_\_Yes \_\_\_\_No

What steps are you taking to preserve your fertility? Check all that apply

\_\_\_Healthy eating

\_\_\_Exercise

\_\_\_Taking Supplements

\_\_\_Egg/Embryo Freezing

\_\_\_Working with a fertility clinic

\_\_\_Nothing

If a doctor suggested a hysterectomy for you in less than 3 months, what would you do? Check all that apply

\_\_\_\_Hold off for as long as possible

\_\_\_\_Have the hysterectomy

\_\_\_\_Freeze eggs/enbryos to be implanted in a gestational carrier/surrogate

\_\_\_\_Seek an alternative treatment

\_\_\_\_Seek a second opinion

\_\_\_\_Discuss it with family

Would you consider using donor sperm to have a baby if you are not partnered/married at the time that you wish to have children? \_\_Yes \_\_\_No

Why or why not?

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Would you consider being a gestational carrier/surrogate for a family member who was unable to have children? \_\_\_Yes \_\_\_No

Why or why not?

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Are you surprised by any of your responses in this worksheet? \_\_\_Yes \_\_\_No

Why or why not?

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Has this worksheet encouraged you to think differently concerning your childbearing plans? \_\_\_Yes \_\_\_\_No

Why or why not?

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