COUPLE FERTILITY CHECKLIST

A practical self-check for couples planning pregnancy

How to use this checklist: Complete it together. Tick what you already do, circle areas you want to improve, and take the completed sheet to your doctor when appropriate. This is an educational checklist—not a fertility test and not a substitute for medical evaluation.

Partner 1:	_____	Partner 2:	_____
Age:	_____	Age:	_____
Trying since:	_____	Date completed:	_____

1. REPRODUCTIVE HEALTH AWARENESS

■ We know the female partner's usual cycle length and pattern.	■ We can identify approximately when ovulation may occur.
■ We understand that the fertile window is limited.	■ We know when to seek fertility evaluation rather than delaying indefinitely.
■ We have discussed our reproductive goals and preferred timeline.	

2. PRECONCEPTION HEALTH

■ We have reviewed important medical conditions with a clinician.	■ Regular medications and supplements have been reviewed for pregnancy planning.
■ Recommended vaccinations/preconception care have been considered.	■ Folic acid supplementation has been discussed for the person who may become pregnant.
■ Dental and general health concerns are being addressed where appropriate.	

3. NUTRITION

■ Most meals contain vegetables/fruits and minimally processed foods.	■ We include adequate protein from suitable sources.
■ We regularly include whole grains, pulses/legumes, nuts or seeds as appropriate.	■ We limit frequent ultra-processed foods and sugary drinks.
■ We avoid unregulated 'fertility boosters' or supplements without medical advice.	

4. WEIGHT & METABOLIC HEALTH

■ We know whether our current weight is appropriate for our health goals.	■ We are working toward a healthy, sustainable weight if advised.
■ Diabetes, thyroid disease or other relevant metabolic issues are appropriately managed.	■ We are avoiding crash diets and extreme weight-loss programs.

5. MOVEMENT & FITNESS

Dr. Puja Prasad, MBBS, MS (Obs & Gyn), DMAS, FMAS
Dr. Puja's Clinic · Patparganj, East Delhi · drpujaprasad.in

■ We are physically active on most days of the week.	■ We include appropriate aerobic activity and/or strength work.
■ We break up long periods of sitting.	■ Our exercise plan is realistic and sustainable.

6. SLEEP & RECOVERY

■ We usually get adequate sleep.	■ Our sleep/wake timing is reasonably consistent.
■ We address persistent snoring, severe daytime sleepiness or other sleep concerns with a clinician.	■ We protect some time for recovery rather than constantly operating in 'work mode'.

7. STRESS & RELATIONSHIP

■ We have a healthy way to manage daily stress.	■ We make time for connection as a couple outside fertility planning.
■ We avoid blaming each other for difficulty conceiving.	■ Trying to conceive has not become the only focus of our relationship.
■ We know where to seek emotional support if the process becomes overwhelming.	

8. TOBACCO, ALCOHOL & OTHER EXPOSURES

■ Neither partner uses tobacco/nicotine, or a cessation plan is underway.	■ Alcohol intake is minimized/avoided appropriately while planning pregnancy.
■ Recreational drugs are avoided.	■ Occupational/environmental exposures relevant to reproductive health have been reviewed when applicable.
■ We discuss significant medication or supplement exposures with a clinician.	

9. MALE FERTILITY CHECK

■ We understand that male factors can contribute to infertility.	■ Tobacco/nicotine exposure has been addressed.
■ Weight, exercise, sleep and metabolic health are being optimized.	■ Relevant medications, heat/occupational exposures or prior reproductive problems have been reviewed if applicable.
■ Semen analysis is considered when clinically indicated rather than assuming the issue is female.	

10. FEMALE FERTILITY CHECK

■ Menstrual cycles are tracked for pattern and regularity.	■ Irregular/absent periods have been discussed with a clinician.
■ Severe period pain or symptoms suggestive of endometriosis have been discussed.	■ Previous pelvic infection, surgery or known tubal problems have been considered.
■ Age and reproductive timeline have been considered in planning.	

WHEN SHOULD WE SEEK HELP?

Lifestyle improvement should complement—not replace—appropriate fertility evaluation.

Consider earlier medical assessment when any of the above applies.

- ■■ Female partner has irregular or absent periods.
- ■■ There is known or suspected tubal disease or previous significant pelvic infection/surgery.
- ■■ There is a history of chemotherapy/radiation that may affect fertility.
- ■■ There is sexual dysfunction that may interfere with conception.
- ■■ You have been trying for an appropriate period without pregnancy and want professional guidance.
- ■■ There is severe menstrual/pelvic pain or suspected endometriosis.
- ■■ There is known or suspected male reproductive dysfunction.
- ■■ There are recurrent pregnancy losses or other significant reproductive concerns.
- ■■ Age or other circumstances suggest that evaluation should begin earlier.

OUR 30-DAY COUPLE FERTILITY RESET

Choose 1–2 habits to start. Consistency matters more than perfection.

WEEK 1 — RESET	Sleep • hydration • tobacco/alcohol review • food awareness
WEEK 2 — MOVE	Regular movement • strength • break prolonged sitting
WEEK 3 — NOURISH	More whole foods • vegetables • protein • fewer ultra-processed foods
WEEK 4 — PLAN	Cycle awareness • fertile window • preconception review • medical advice if indicated

OUR COUPLE COMMITMENT

One habit Partner 1 will start:	_____
One habit Partner 2 will start:	_____
One habit we will do together:	_____
Our check-in date:	_____

REMEMBER: You do not need to become perfect before trying for a baby. The goal is to make informed, sustainable choices and seek medical care at the right time.

Fertility Reset Masterclass

By Dr Puja Prasad | Gynaecologist & Fertility Specialist

For education and self-reflection. Individual fertility care should be personalized by a qualified healthcare professional.

Dr. Puja Prasad, MBBS, MS (Obs & Gyn), DMAS, FMAS
Dr. Puja's Clinic · Patparganj, East Delhi · drpujaprasad.in