Month_ _ _ _ _ _ _ _Year _ _ _ _ _ _ Family Planning Intention: *achieve* _____ *space* _____ *limit* _____

Thermometer: *mercury/digital* Usual time taken _ _ _ _ _ _ Route: *Orally / Rectally*

Chart no.	Date																																									
Temperature rise in last cycle?	37.20																																									
	.15																																									
	37.10																																									
	.05																																									
	37.00																																									
	.95																																									
	36.90																																									
	.85																																									
Shortest cycle in last year?	36.80																																									
	.75																																									
	36.70																																									
	.65																																									
	36.60																																									
	.55																																									
Longest cycle in last year?	36.50																																									
	.45																																									
	36.40																																									
	.35																																									
	36.30																																									
Shortest cycle --- 20 (21) Rule	.25																																									
	36.20																																									
	.15																																									
	36.10																																									
	.05																																									
	36.00																																									
Day of cycle		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Potential Disturbances																																										

New thermometer (NT);alcohol (A); late (L); early (E); unwell (U); disturbed night (D); travelling (T); holiday (H); cystitis (C); thrush (Th); medicine (M) others?

Day of cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Period																																								
spotting																																								
Sensation: Dry																																								
Colour: No mucus seen																																								
Sensation: moist/ damp																																								
Colour: White																																								
Cloudy / opaque																																								
Type: milky / creamy																																								
Clotty crumbly, pasty																																								
Tacky, gluey, elastic																																								
Sensation: Wet																																								
Colour: Cloudy/ clear																																								
Clear, transparent																																								
Type: Slippy, slimy, stretchy																																								
Like raw egg-white																																								
PEAK DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
AMOUNT OF MUCUS (1 – 5)																																								
Pain, bloated tummy																																								
Rectal pressure																																								
Breast changes																																								
Fertile days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Intercourse																																								
Cervix: Firm or Soft																																								
High or Low Closed or Open																																								

Mucus

Onset of first mucus symptom_____

Onset of highly fertile mucus_____

PEAK day_____

Peak + 3 _____

Temperature

First temp. above cover line_____

3rd raised temperature_____

Shift of 0.2 above cover line?_____

If not, wait for 4th raised temp.

Cervix

First fertile change of cervix:_____

First day reverting to infertile:_____

Length of this cycle: _____