Month_ _ _ _ _ _ _ _Year _ _ _ _ _ _ Family Planning Intention: *achieve* ______ *space* _________ *limit* _________

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

Chart no.

Temp. rise in last cycle?

Shortest cycle in last year?

Longest cycle in last year?

Shortest cycle --- 20 (21) Rule

Date																																								
37.20																																								
.15																																								
37.10																																								
.05																																								
37.00																																								
.95																																								
36.90																																								
.85																																								
36.80																																								
.75																																								
36.70																																								
.65																																								
36.60																																								
.55																																								
36.50																																								
.45																																								
36.40																																								
.35																																								
36.30																																								
.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
Code of 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?

Summary of mucus below:

Clear / slippery																																								
Wet / stretchy																																								
Any mucus seen																																								

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 at vulva **D**ry / **M**oist / **W**et																																								
Appearance of Mucus: Describe colour and consistency of mucus																																								
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)																																								
Cervix: **F**irm or **S**oft																																								
High or Low Closed or Open																																								
Pain, bloated tummy																																								
Rectal pressure																																								
Breast changes																																								
	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
Fertile days																																								
Intercourse																																								

Mucus	**Temperature**	**Cervix**
Onset of first mucus symptom	First temp. above cover line	First fertile change of cervix
Onset of highly fertile mucus	3rd raised temperature	First day reverting to infertile
PEAK day	Shift of 0.2C above cover line?	
Peak + 3	If not, wait for 4th raised temp.	**Length of this cycle**