

Name: _____ Date of Birth: _____ Gyn. Age: ____ Note: _____

Temperature Method: _____ Time: _____ Cycle Range: _____ This Cycle: ____ Cycle Number: ____

Children - Male: ____ Female: ____ Miscarriage: ____ Earliest 6th Last Low: _____

Month																																									Month
Day																																									Day
Cycle 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	Cycle Day
Menses																																									Menses
37.6																																									37.6
37.5																																									37.5
37.4																																									37.4
37.3																																									37.3
37.2																																									37.2
37.1	Sensation																																								37.1
37.0																																									37.0
36.9																																									36.9
36.8																																									36.8
36.7	Tissue																																								36.7
36.6																																									36.6
36.5																																									36.5
36.4																																									36.4
36.3	Cervix																																								36.3
36.2																																									36.2
36.1																																									36.1
36.0																																									36.0
Cycle 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	Cycle Day
Descriptions	Breast Exam																																								Descriptions

1. Did you chart all - bleeding? ____ - tissue? ____ -sensation? ____ -cervix? ____ -disturbances (if any)? ____ -genital contact? ____
 2. Did you number the final 6 lows? ____ Draw pre-rise base? ____ Mark Peak (if any)? ____ Encircle readings for S-T Rule (if any)? ____
- What rules did you go by to assume fertility, and which days were infertile according to those rules?

1. Relatively Infertile Time Rule: _____ Infertile Days: _____

2. Completely Infertile Time Rule: _____ Infertile Days: _____