

PART 4

Keeping
Track

Your Fertility Planner

OF COURSE YOU CAN GET PREGNANT the old-fashioned way—stop using birth control, have sex whenever, wherever, in whatever position, and wait for that missed period. Or the even more old-fashioned way—dispense with the birth control altogether, and take an “oops” approach to conception. But there’s definitely an upside to planning your conception—actually many upsides. Taking charge of your fertility planning gives you the

opportunity to get your body, your spouse’s body, and your life in tip-top baby-making shape before your conception campaign begins—and gives you a chance to stack the cards in favor of a speedier conception, a safer and more comfortable pregnancy, and a healthier baby. Plus, it gives you an opportunity to put that multitasking control freak in you (yes, you) to work on one of life’s most satisfying projects: baby making. Let the planning begin.

Countdown to Conception

You can never be fully prepared for becoming a parent, or even for becoming pregnant. But when time is on your side (you’re just starting to think about taking the baby plunge), it makes sense to put those pre-baby-making months to the most productive possible use.

The following schedule is a general guide to conception prep (there may be other items you’ll have to add to your specific plan). Don’t stress too much about the exact time frame—more important right now is getting most (if not all) of the items on the agenda crossed off your

to-do list before you get cracking on conception.

Another consideration as you count down to conception—just how much to-doing you’ve got to get done (for instance, if you have a hefty number of pounds to lose, you’ll want to get an earlier start on weight loss; if you know that you’ll never be able to quit cigarettes in 3 months, make 6 months your goal). Yet another consideration: your own time frame for getting pregnant. If you want to get busier sooner rather than later, skip right to the 3-month plan.

Six to Twelve Months Out

FOR HER:

- Evaluate your weight and BMI. If you have a lot to lose, start a healthy balanced weight loss program now. If you're significantly underweight, start eating with an eye on moving those numbers up (and if you have an eating disorder, get treatment now).
- Start taking a daily prenatal vitamin, if you want. It's not considered a must-do until 3 months out, but it's never too early to start catching up on any nutritional deficits.

Plus, some research indicates that taking prenats for a year before conception may reduce the risk for preterm delivery.

- If you have substantial problems with your gums and/or teeth, or you suspect you might, get busy having any necessary dental work done.
- If you have any chronic medical conditions, take steps to get them under control.

NOTES: _____

FOR HIM:

- Evaluate your BMI. If you have a lot of weight to lose, start a healthy balanced weight-loss program now.

- If you have any chronic medical conditions, take steps to get them under control.

NOTES: _____

Two Months Out

FOR HER:

- See your doctor and/or ob-gyn or midwife for a top-to-bottom checkup to make sure all systems are ready for baby making.
- Get a dental checkup and cleaning, if you haven't recently.
- Begin (or continue) a moderate exercise program (aim for 30 minutes each day).
- Start to limit the amount of caffeine you get each day (goal: no more than 200 mg, or 2 cups, a day).
- Stop dieting for weight loss and

continue eating balanced healthy foods that will maintain your loss.

- Take a good look at your environment at work. If any occupational hazards might be a problem when trying to conceive (or during pregnancy), find ways to limit your exposure.
- Begin charting your basal body temperature (BBT) and your cervical mucus (CM) changes. Mark down any other cycle changes and ovulation signs you notice so you'll be able to pinpoint ovulation.

NOTES: _____

FOR HIM:

- See your doctor for a full-body checkup. Be sure to let him or her know you're about to start trying for a family and ask if any special tests or exams might be important now.
- Evaluate your work environment. If you're exposed to any hazards

that may harm your fertility or the health of your sperm, find ways to limit exposure for now.

- Keep cool by staying out of hot tubs, hot baths, and saunas. Treat your laptop as a desktop and keep your cell phone out of your pants pocket.

NOTES: _____

One Month Out

FOR HER:

- | | |
|--|--|
| <input type="checkbox"/> Start reducing your alcohol intake with the aim of cutting it out altogether once you start trying to conceive. | stressful situations starting now (as best you can). |
| <input type="checkbox"/> Make sure your finances are in order, including your insurance policies and will. | <input type="checkbox"/> Continue tracking your BBT, your CM changes, and other ovulation signs. |
| <input type="checkbox"/> Learn ways to relax and try to avoid | <input type="checkbox"/> Don't forget that daily vitamin. |
| | <input type="checkbox"/> Think happy baby thoughts! |

NOTES: _____

FOR HIM:

- | | |
|--|--|
| <input type="checkbox"/> Cut back on alcohol for now to keep your sperm production high and in good baby-making shape. | <input type="checkbox"/> Make sure your finances are in order, including your insurance policies and will. |
| <input type="checkbox"/> Cut back on overly strenuous exercise routines (especially heavy-duty bicycling). | <input type="checkbox"/> Learn ways to relax and try to avoid stressful situations starting now (as best you can). |

NOTES: _____

GO! Now that you're ready to go, make sure to have sex around ovulation each month, keeping in mind that it could take as long as a year of trying before the right sperm and egg get together.

Food Diary

Keep track of your meals and snacks for one week so you can get a clear picture of

| | Day 1 | Day 2 | Day 3 |
|-------------------------------|-------|-------|-------|
| Breakfast | | | |
| Lunch | | | |
| Dinner | | | |
| Snacks | | | |
| Protein Foods | | | |
| Calcium Foods | | | |
| Vegetables | | | |
| Fruits | | | |
| Whole Grains | | | |
| Refined Grains | | | |
| Iron-Rich Foods | | | |
| High-Fat Foods | | | |
| Junk Foods | | | |
| Caffeinated Beverages | | | |
| Water and Other Fluids | | | |
| Calories (approximate) | | | |

Health History

When you go for your preconception checkup (which you definitely should), your practitioner will ask you lots of questions about your medical and gynecological health, and will also do some digging into your lifestyle (and your partner's health and lifestyle, too). To be sure you're armed with all the info you'll be asked for, do your homework before the appointment and bring the answers to these routine questions with you.

Your General Health

Age _____ Weight _____ BMI _____ Blood type _____

Chronic conditions

Medications you take regularly (prescription and over-the-counter)

Allergies (including food allergies)

Previous surgeries

Have you had or been vaccinated for:

Measles ____ Mumps ____ Rubella ____ Chicken Pox ____

Date of your last Td or Tdap booster _____

Do you have a history of depression?

Are you currently being treated for depression? How?

Other general health issues

NOTES: _____

Your Gynecological History

Date of your last menstrual period _____

Average length of your cycles _____

Date of last Pap smear and results _____

Date(s) of any abnormal Pap smears and treatment you have received _____

Birth control use _____

Do you know if you have fibroids? _____

What symptoms, if any, do you have? _____

Do you know if you have endometriosis? _____

What symptoms do you have? _____

Do you have any other gynecological conditions? _____

Have you ever had a sexually transmitted disease? _____

NOTES: _____

Your Reproductive History

Have you ever had any fertility issues? _____

Number of previous pregnancies _____ Ages of children _____

Have you ever had a miscarriage? _____

How many? _____ When? _____

How far along was the pregnancy? _____

Have you ever had an ectopic pregnancy? _____ When? _____

Have you ever had an abortion? _____ How many? _____

Have you ever had a stillbirth? _____

Were there any complications during your pregnancies? _____

Were there any delivery complications? _____

Were the deliveries vaginal or via C-section? _____

Did you ever have any postpartum complications? _____

NOTES: _____

Your Lifestyle

Do you smoke? _____ How much? _____

Do you drink alcohol? _____ How much? _____

Do you use any recreational drugs (cocaine, marijuana)? _____

How much caffeinated coffee, tea, or soda do you drink? _____

How would you describe your eating habits? _____

Typical breakfast: _____

Typical lunch: _____

Typical dinner: _____

Typical snacks: _____

Do you exercise? _____ What type(s) of exercise, and how often? _____

Do you take vitamins or any herbal preparations? _____ If so, what kinds?

Do you use acne medications? _____ If yes, what kind? _____

Are you exposed to any environmental hazards at work or at home? _____

Are you under any excessive emotional stress? _____

NOTES: _____

Your Partner's Health and Lifestyle

Age _____ Height _____ Weight _____ BMI _____ Blood type _____

Chronic conditions _____

Other general health issues _____

Medications he takes regularly _____

Vitamins and supplements he takes regularly _____

Does he smoke? _____ How much? _____

Does he drink alcohol? _____ How much? _____

Does he use recreational drugs? _____

Does he exercise? _____ What type(s) and how often? _____

Is he exposed to environmental hazards at work or at home? _____

NOTES: _____

Your Family History

Your ethnicity _____

Your partner's ethnicity _____

NOTES: _____

Have you, your partner, or anyone in your family or your partner's family had:

| | You or Your Family | Your Partner or His Family |
|---|--------------------------|----------------------------------|
| Allergies, including food allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| Autoimmune disorder (rheumatoid arthritis, lupus) | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychiatric disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| Seizure disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Thyroid disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | <input type="checkbox"/> |
| Canavan disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Chromosomal abnormality | <input type="checkbox"/> | <input type="checkbox"/> |
| Connective tissue disease | <input type="checkbox"/> | <input type="checkbox"/> |

| | You or Your Family | Your Partner or His Family |
|--|--------------------------|----------------------------------|
| Cystic fibrosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Down syndrome | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing loss | <input type="checkbox"/> | <input type="checkbox"/> |
| Hemophilia | <input type="checkbox"/> | <input type="checkbox"/> |
| Huntington's chorea | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental retardation | <input type="checkbox"/> | <input type="checkbox"/> |
| Muscular dystrophy | <input type="checkbox"/> | <input type="checkbox"/> |
| Neural tube defects, including spina bifida, meningocele, and anencephaly | <input type="checkbox"/> | <input type="checkbox"/> |
| Neurological disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| Phenylketonuria (PKU) | <input type="checkbox"/> | <input type="checkbox"/> |
| Sickle-cell disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Tay-Sachs disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Thalassemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Other genetic disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| Preeclampsia | <input type="checkbox"/> | <input type="checkbox"/> |
| Gestational diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Other pregnancy complications | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent miscarriages | <input type="checkbox"/> | <input type="checkbox"/> |
| Stillbirths | <input type="checkbox"/> | <input type="checkbox"/> |

Questions You May Have

Tracking Your Cycle

Ready to keep an eye on the calendar? Using this month-at-a-glance calendar (or any calendar you choose), fill in the appropriate dates and then circle the first day of each monthly period. After a few months, you'll be able to determine your natural cycle length. Count back 12 to 16 days each month to get an idea of when you likely ovulated during the previous cycle. This will help narrow down when you'll likely be ovulating next cycle, and when you should schedule in sex. Shade those fertile days to keep track.

Month **January**

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
| 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 | | | | |

Month

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
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| Month | | | | | | |
|-------|-----|------|-----|-------|-----|-----|
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
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| Month | | | | | | |
|-------|-----|------|-----|-------|-----|-----|
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
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| Month | | | | | | |
|-------|-----|------|-----|-------|-----|-----|
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
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| Month | | | | | | |
|-------|-----|------|-----|-------|-----|-----|
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
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| Month | | | | | | |
|-------|-----|------|-----|-------|-----|-----|
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
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| Month | | | | | | |
|-------|-----|------|-----|-------|-----|-----|
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
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Your Fertility Charts

This all-in-one fertility chart will let you keep track of all your ovulation and fertility signs, enabling you to better pinpoint when ovulation is happening (and when you should start getting busy in bed). Begin a few months before you start TTC so you can get a head start. Here's how to put it all together:

1. Using a digital basal thermometer, take your temperature each morning before you get out of bed and mark each daily reading on the graph. Connect the dots to help pinpoint ovulation.
2. In the row marked "Cervical Mucus Consistency," note the consistency of your CM (dry, sticky, creamy, or slippery) as detailed on page 88 to help identify when you're most fertile.
3. You can mark down whether your cervix is opened or closed in the row marked "Cervical Position."
4. Fill in the appropriate boxes and corresponding dates in the rows marked "Period/Spotting," "Miscellaneous," and "Intercourse."
5. Finally, if you're using any fertility monitors, OPKs, saliva tests, or chloride ion (fertility watch) tests, you can input the results on this chart as well in the appropriate spaces.
6. If you've figured out your ovulation day, circle it.
7. If you're taking a home pregnancy test (HPT) this month, input the results in the appropriate boxes.
8. Record your thoughts and feelings during the charting cycle, and keep track of the time you spend each month relaxing (important when you're in the baby-making mode).

Not a Charter?

Charting is a great way to keep track of your fertility, but it's definitely not a requirement of TTC. If you're just not into charting, or you'd rather play your cycle by ear—or instinct—skip this sec-

tion. Or just fill in as much—or as little—of each chart as you'd like (just a few rows each month). Don't feel obligated to keep it up, either, if the charting gets old after a while.

Example

Fertility Chart

Month October - November Year _____ Last Month's cycle length 28 This cycle length 29

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|------|----|-----------|----|----|------------|------|------|----|-----|-----|------|------|------|------|----|
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Time Temp Taken | 7:00 | ~ | ~ | ~ | ~ | 8:00 | 9:30 | 7:00 | ~ | ~ | ~ | ~ | ~ | 8:15 | ~ | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | |
| .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| Period/Spotting | P | P | P | P | P | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | D | D | D | S | S | C | C | C | E | E | |
| Cervical Position** | | | | | | | | | | C | C | C | 0 | 0 | 0 | |
| OPK/LH Surge | | | | | | | | | | | - | - | - | + | | |
| Fertility Monitor | | | | | | | | | | Low | Low | High | High | Peak | Peak | |
| Saliva Test | | | | | | | | | | | - | - | - | + | + | |
| Chloride-ion Surge | | | | | | | | | | - | - | - | + | + | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | Ibuprofen | | | Late Night | | | | | | | | | | |
| Intercourse | | | | | | x | | | | | | | | x | x | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----|
| Date | | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| Period/Spotting | | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Period/Spotting | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----|
| Date | | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| Period/Spotting | | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Period/Spotting | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Period/Spotting | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Period/Spotting | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Period/Spotting | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Period/Spotting | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Period/Spotting | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----|
| Date | | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| Period/Spotting | | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Period/Spotting | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Chart

Month _____ Year _____ Last Month's cycle length _____ This cycle length _____

| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----|
| Date | | | | | | | | | | | | | | | | |
| Time Temp Taken | | | | | | | | | | | | | | | | |
| Basal Body Waking Temperature (°F) | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 |
| | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 | .8 |
| | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 | .7 |
| | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 | .6 |
| | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 | .5 |
| | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 | .4 |
| | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 | .3 |
| | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 | .2 |
| | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | .1 |
| 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 | |
| .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | .9 | |
| Cycle Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| Period/Spotting | | | | | | | | | | | | | | | | |
| Cervical Mucus (CM) Consistency* | | | | | | | | | | | | | | | | |
| Cervical Position** | | | | | | | | | | | | | | | | |
| OPK/LH Surge | | | | | | | | | | | | | | | | |
| Fertility Monitor | | | | | | | | | | | | | | | | |
| Saliva Test | | | | | | | | | | | | | | | | |
| Chloride-ion Surge | | | | | | | | | | | | | | | | |
| Miscellaneous (travel, illness, stress, medication, change in schedule, late night, etc.) | | | | | | | | | | | | | | | | |
| Intercourse | | | | | | | | | | | | | | | | |
| HPT (pregnancy test) | | | | | | | | | | | | | | | | |

*Cervical Fluid Consistency: **D**: Dry **E**: Egg white/Slippery **S**: Sticky **C**: Creamy

Fertility Treatment Planner

Do your conception plans need a little push in the right direction from reproductive science? If so, you're probably going to have a lot more doctor appointments, medications, tests, and other treatments to keep track of. Use this fertility treatment planner to stay on top of it all.

Fertility Tests

Test _____

Date/Place _____

Doctor _____

When/Where to call for results _____

Results _____

Follow-up tests needed, if any _____

Test _____

Date/Place _____

Doctor _____

When/Where to call for results _____

Results _____

Follow-up tests needed, if any _____

Test _____

Date/Place _____

Doctor _____

When/Where to call for results _____

Results _____

Follow-up tests needed, if any _____

Test _____

Date/Place _____

Doctor _____

When/Where to call for results _____

Results _____

Follow-up tests needed, if any _____

Test _____

Date/Place _____

Doctor _____

When/Where to call for results _____

Results _____

Follow-up tests needed, if any _____

Fertility Specialist Visits

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Date _____

Doctor seen _____

Doctor's recommendations _____

Fertility Medications

Name of medication/injection _____

Amount to take _____ How to take _____

Time of day _____ For this long _____

NOTES: _____

Name of medication/injection _____

Amount to take _____ How to take _____

Time of day _____ For this long _____

NOTES: _____

Name of medication/injection _____

Amount to take _____ How to take _____

Time of day _____ For this long _____

NOTES: _____

Name of medication/injection _____

Amount to take _____ How to take _____

Time of day _____ For this long _____

NOTES: _____

Name of medication/injection _____

Amount to take _____ How to take _____

Time of day _____ For this long _____

NOTES: _____

Name of medication/injection _____

Amount to take _____ How to take _____

Time of day _____ For this long _____

NOTES: _____

Name of medication/injection _____

Amount to take _____ How to take _____

Time of day _____ For this long _____

NOTES: _____

Name of medication/injection _____

Amount to take _____ How to take _____

Time of day _____ For this long _____

NOTES: _____

Fertility Procedures

Procedure _____

Date/Place _____

Doctor _____

Follow-up needed, if any _____

NOTES: _____

Procedure _____

Date/Place _____

Doctor _____

Follow-up needed, if any _____

NOTES: _____

Procedure _____

Date/Place _____

Doctor _____

Follow-up needed, if any _____

NOTES: _____

Procedure _____

Date/Place _____

Doctor _____

Follow-up needed, if any _____

NOTES: _____

Procedure _____

Date/Place _____

Doctor _____

Follow-up needed, if any _____

NOTES: _____

Procedure _____

Date/Place _____

Doctor _____

Follow-up needed, if any _____

NOTES: _____

Procedure _____

Date/Place _____

Doctor _____

Follow-up needed, if any _____

NOTES: _____

Procedure _____

Date/Place _____

Doctor _____

Follow-up needed, if any _____

NOTES: _____

Contacts

General Health Physician

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Gynecologist (GYN)

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Obstetrician/Gynecologist (OB/GYN) or Midwife

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Reproductive Endocrinologist (RE)

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Ultrasound Center

Name _____

Address _____

Telephone _____

Fax _____

CAM Therapist

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

CAM Therapist

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Therapist

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

NOTES: _____

Other Specialist

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Lab

Name _____

Address _____

Telephone _____

Fax _____

Hours _____

Pharmacy

Name _____

Address _____

Telephone _____

Fax _____

Hours _____

Insurance Company

Name _____

Address _____

Telephone _____

Fax _____

Website _____

NOTES: _____

Other Contacts

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

NOTES: _____

TTC Glossary

Spend a little time on those TTC message boards, and you'll soon discover that "TTC" is far from the only acronym used by those who are trying to conceive. Here's a short—though still pretty long—list of some of the acronyms you may encounter during your conception adventure. You may well come across others—and if you do, you can jot them down here so you can keep them straight:

| | |
|------------|---|
| 2WW..... | Two-Week Wait (until you can take a pregnancy test) |
| AF | Aunt Flo(w), your period |
| BBT | Basal Body Temperature |
| BD | Baby Dance, sex |
| BFN | Big Fat Negative (pregnancy test result) |
| BFP | Big Fat Positive (pregnancy test result) |
| BMS | Baby-Making Sex |
| CD..... | Cycle Day |
| CF | Cervical Fluid |
| CL | Corpus Luteum |
| CM..... | Cervical Mucus |
| CP | Cervical Position |
| CY..... | Cycle |
| DI..... | Donor Insemination |
| DP..... | "Dancing" Partner; spouse or significant other |
| DPO..... | Days Past Ovulation |
| DTD..... | Doing The Dance, Sex |
| EW | Egg White (re: consistency of cervical mucus) |
| FTTA | Fertile Thoughts To All |
| FMU..... | First Morning Urine |
| hCG | Human Chorionic Gonadotropin (pregnancy hormone) |
| HPT | Home Pregnancy Test |
| IF..... | Infertility |
| IUI..... | Intrauterine Insemination |
| IVF..... | In Vitro Fertilization |
| LH..... | Luteinizing Hormone |
| LMP..... | Last Menstrual Period |
| LP..... | Luteal Phase |
| O | Ovulation |
| OPK..... | Ovulation Predictor Kit |
| PCOS..... | Polycystic Ovarian Syndrome |
| PG..... | Pregnancy, pregnant |
| S/A..... | Sperm/seminal analysis |
| TTC..... | Trying To Conceive |

