# SYMPTO-THERMAL RECORD CHART

Name _____ Age ____ Month _____ Year ____ Cycle No ___ Cycle Length _____

DAY of MONTH

DAY of WEEK

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

M. PERIOD
NO MUCUS-DRY
STICKY-THICK
WET FROM COITUS
SLIPPERY - STRETCHY

MUCUS

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

CLOSED-FIRM-LOW
CHANGING
OPEN-SOFT-HIGH
ABDOMINAL PAIN
OTHER SIGNS
COITUS

CERVIX

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

Usual Time Taken: _____

Vaginal ___
Rectal ___

TEMPERATURE

99.0 98.9 98.8 98.7 98.6 98.5 98.4 98.3 98.2 98.1 98.0 97.9 97.8 97.7 97.6 97.5 97.4 97.3 97.2 97.1 97.0

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