Month(s): _____ Year: _____

Length of last 3 cycles: _____ / _____ / _____

Date																																							
Day of Week																																								
Intercourse																																							
Time temp taken																																							
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**
Waking Temp. Temperature to be taken each morning immediately upon waking. Please keep thermometer in mouth for 3-5 minutes	1 **99** 9 8 7 6 5 4 3 2 1 **98** 9 8 7 6 5 4 3 2 1 **97** 9 8