Chart #_____ Month_____ Year_____ Phone_____

Name_____ Age_____ Ht _____ Wt_____

E-mail _____

Address_____ City_____ State_____ ZIP_____

Previous cycles: Short_____ Long_____ based on _____ recorded cycles

Earliest first day of thermal shift_____ based on _____ recorded cycles

Shortest mucus patch_____ based on _____ recorded cycles

Length of this cycle_____ days

NFP International

Day **6** reminder: monthly breast self-examination

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	41	42
Menstruation																																										
Coitus record (✓)																																										
Day of week																																										
Day of month																																										
Disturbances (X)																																										

Temps

Usual time: _____

Oral_____

Vaginal___

Rectal____

| F. | | | | | | | | | | | | | | | | | | |