



**PURPOSE:** This chart is for clients using Natural Family Planning to record daily observations relating to fertile and infertile periods of the menstrual cycle. Client keeps copy and original is submitted to health provider.

**PREPARATION:** Complete chart as follows:

**NAME-SERVICE SITE:** Record complete name and service site number.

**PHONE:** Enter phone number of client.

**MONTH, YEAR:** Enter date of month, year.

**TIME TEMP. TAKEN:** Enter the usual time to the nearest half hour that the temperature will be taken.

**CYCLE:** Enter the total number of days in the cycle appearing on chart. Count the first day of menses as day one and last day will be the day prior to the first day of the next menstrual period.

**TEMPERATURE:** Enter a dot on the graph for the daily basal body temperature reading in tenths of degree. Connect the dots.

**CYCLE DAY:** Enter the first day of the menstrual period as 1, second day as 2, etc.

**DATE:** Enter the actual day of the month starting with the day of the menstrual period.

**WEEK DAY:** Enter code for corresponding day of week, ex. M, T, W, T, F, S, S, etc.

**INTERCOURSE:** Mark "X" on days of intercourse.

**MUCUS SENSATION:** Enter code for Mucus: T = tacky; W = wet; (W) = clear and stretchy; D = dry as explained on Chart and by Instructor. Additional descriptions may be written in.

**BLEEDING (S,M,H):** Enter code for amount of flow: S = small; M = moderate; H = heavy.

**VARIATIONS:** Enter descriptions of conditions affecting cycle: MO = moods; TR = travel; HA = headache; ILL = illness; STR = stress; MED = medication; AP = abdominal pain; BS = breast sensitivity; SC = schedule changes. Additional descriptions may be written in.

**CERVICAL CHANGES:** Enter code for height, opening and consistency of cervix:

F F F    ○ ○ ○    F F F  
°   °   °    °   °   °    °   °   °  
°   °   °    S S S S S    °   °   °

**DISPOSITION:** This form may be destroyed in accordance with Standard 5 – Patient Clinical Record Section of the *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional forms may be ordered from:

Women's and Children's Health Section  
Family Planning and Reproductive Health Unit  
1929 Mail Service Center  
Raleigh, NC 27699-1929