



Name:

Month:

Year:

Cycle Number:

Cycle Length:

Days of Insemination:

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	
Date																																									
Day of the Week																																									
Conception Attempts Method & Time of Day																																									
AM FERTILE SIGNS																																									
Cervix: high / med / low right / left soft / med / firm pink / red opening / +open / OPEN / closing / closed																																									
Fluid: clear / white / yellow / brown dry / sticky / wet / slippery fertile / egg white (EW) stretchy: how many inches/cm?																																									
OPK / Fertility Monitor: neg (-) / light line / darker / pos (+) Brand Used: _____																																									
Ferning: none / partial / full																																									
PM FERTILE SIGNS																																									
Cervix: high / med / low right / left soft / med / firm pink / red opening / +open / OPEN / closing / closed																																									
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Ferning: none / partial / full																																									
Ovulation Sensation Today? What did you feel? (cramp, twinge, pressure, fullness, gas) Which side? When did it start/stop?																																									
Fertility Meds / Ultrasound which medications / follicle size / L or R																																									

