• **Temperature**
Use a digital basal thermometer to take your waking temperature, it should record in .1° F and have a hold or recall mechanism to save the reading. Every morning when you wake, before eating, drinking or smoking, take your temperature, leaving it in for a minute beyond the beep. Stick to your chosen temperature taking method for the entire cycle (oral, vaginal, or rectal).

• **Toilet Tissue Exam**
Take white, unscented tissue paper and fold it into a flat pad several layers thick. Then, **WIPE-LOOK-TEST**. Do the tissue check whenever you go to the bathroom, before and after voiding. Bear down before the last check of the day. Always chart the most fertile sign.

**Tissue Dry (ø):** Tissue won’t glide and nothing can be lifted off the tissue. Dampness can be from urine or perspiration. Shine is a thin clear film that cannot be lifted off and absorbs into the tissue when rubbed.

**Sticky-Type Mucus (M):** Tissue won’t glide and mucus that lifts off stretches under an inch, and is cloudy or solid throughout. Descriptive traits to chart under M can include: \( \frac{1}{4}, \frac{1}{2}, \frac{3}{4} \) (stretch), O (opaque), P (pasty).

**Egg-White Type Mucus (EW-M):** Tissue glides easily, or mucus stretches 1” or more, or mucus is transparent in any part like plastic wrap. Descriptive traits to chart under EW-M can include: G (glide), 1”, 2” (stretch), T (transparent), OT (a mix of opaque and transparent).

• **Vaginal Sensations**
**Dry (d):** All day you felt nothing, or you may have felt a disagreeable, slightly itchy feeling at the vaginal entrance.

**Moistness Felt ( ):** A feeling as if secreting moisture or shedding a teardrop or noticing bubbles bursting inside the vagina.

**Lubrication (L):** A distinct lubricative, oily, or runny-wet feeling in the vaginal area.

• **Cervical Exam**
Check the cervix at the end of the day after the last tissue exam, while either in sitting, standing, or squatting position. Gently compress the cervix to see if there is cervical mucus present. Any of the S.H.O.W. traits indicate a change toward fertility. S = soft, H = high, O = open, W = wet (with cervical mucus), and F = firm, L = low, C = closed, D = dry (no cervical mucus present, but a white, hand lotion-like fluid may be present.) The examples below represent two methods of charting the cervical changes.

Download and print additional charts at [http://symptopro.org](http://symptopro.org) under the “Resources” tab.
Name: __________________________________________________
Date of Birth: ______________
Gyn. Age: ______
Note: ______________________________

Temperature Method: ______________________
Time: ______________
Cycle Range: ______________
This Cycle: ______
Cycle Number: ______

Children - Male: ___  Female: ___  Miscarriage: ___  Earliest 6th Last Low: ______________________

| Month | 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 |
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Menses

Sensation

Tissue

Cervix

Breast Exam

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Menses

Breast Exam

|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

1. Did you chart all bleeding? ___ - tissue? ___ - sensation? ___ - cervix? ___ - disturbances (if any)? ___ - genital contact? ___

2. Did you number the final 6 lows? ___ - draw pre-rise base? ___ - mark peak (if any)? ___ - encircle readings for S-T Rule (if any)? ___

What rules did you go by to assume fertility, and which days were infertile according to those rules?

1. Relatively Infertile Time Rule: __________________________________________  Infertile Days: __________________________

2. Completely Infertile Time Rule: ________________________________________  Infertile Days: __________________________

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