Fertility and Gynecology Associates, P. C.

Basal Body Temperature Record

Please fill out the following chart and bring it to your first appointment.

The doctor will review your basal body temperature chart with you.

Contact Information:

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### BASAL BODY TEMPERATURE RECORD
See instructions on reverse side.

**NAME:** ________________________________ **AGE:** _____

| DAYS 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 |
|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| DATE OF MONTH |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| COITUS        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| MENSES        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| MEDICATION    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
INSTRUCTION FOR KEEPING TEMPERATURE RECORD

1/ Insert date at top of column in space provided for date of month.

2/ Each morning, upon awakening, but before you get out of bed, place thermometer under tongue for at least two minutes. Do this every morning, even during menstruation. Be sure not to eat, drink or smoke before taking temperature.

3/ Accurately record temperature reading on graph by placing a dot in the proper location (see example below). Indicates day of coitus (intercourse) by a down-pointing arrow (↓) in the space provided.

4/ The first day of menstrual flow is considered to be the start of a cycle. Indicate each day of flow by blocking the square indicated (■) on the graph, starting at the extreme left under the first day of cycle.

5/ Any obvious reasons for temperature variation such as colds, infection, insomnia, indigestion, etc., should be noted on the graph above the reading for that day.

6/ Ovulation may be accompanied, in some women, by a twinge of pain in the lower abdomen. If you notice this, indicate the day it occurred on the graph.

7/ Start new cycle on next graph.