

**Fertility Calendar**

<b>Month</b>																																					
<b>Date</b>																																					
<b>Cycle Day</b>	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		
<b>Menstruation</b>																																					
<b>Intercourse</b>																																					
<b>Cervical Mucus</b>																																					
<b>OPK</b>																																					
<b>Pregnancy Test</b>																																					
<b>Medications</b>																																					

**Medications:** A: \_\_\_\_\_  
 (please put a line B: \_\_\_\_\_  
 in the box if you did C: \_\_\_\_\_  
 not take any) D: \_\_\_\_\_  
 E: \_\_\_\_\_  
 F: \_\_\_\_\_

**Intercourse:** + = had intercourse  
 / = did not have intercourse  
 L = had intercourse with lubricant

**Name/Type of Lubricant:** \_\_\_\_\_

**Cervical Mucus:** D=Dry  
 S=Sticky  
 C=Creamy  
 W=Watery  
 E=Eggwhite  
 / =Did not test

**Pregnancy Test:** + = positive  
 - = negative  
 / = did not test

**Menstruation:** S=Spotting  
 X=Bleeding  
 / = None

**Ovulation Predictor Kit (OPK):** +=positive  
 - = negative  
 / = did not test