**Instructions for completing the daily diary**

**Month:** Record the calendar month on this line. You can start a new sheet each month.

**Day:** Record the date on this line. Your last recording should be on the day of your positive pregnancy test.

**Bleeding:** Mark any vaginal bleeding that you have on this line. Place an S if you have spotting and an X if you have regular bleeding in the appropriate box. **If you don’t have bleeding, put a / in the box.**

**Intercourse:** Place an X on the dates you have vaginal intercourse. Place an L on the dates you have vaginal intercourse and use a lubricant. Write the name of the lubricant in the space allowed. **Put a / in the box on the dates you do not have vaginal intercourse.**

**Ovulation Predictor Kit (OPK):** When your ovulation kit is positive, please place an X in the appropriate box. On the dates that it is negative, place a – in the box. **On the dates you do not check, put a / in the box.**

**Pregnancy Test:** Please check a pregnancy test if you miss a period. Record the results in the appropriate box. + for positive, - for negative. **On the dates you do not check a pregnancy test, please put a / in the box**.

**Exercise (except water exercise):** Please record whether you participated in any exercise , such as running, bicycling, or walking for exercise. Please do not record other activities that were not for exercise. Record the number of minutes in the time box. Determine the level of the intensity of your exercise based on the following criteria:

Fairly light (FL): at least some increase in breathing and heart rate

Somewhat hard (SH): moderate increase in breathing and heart rate

Hard or very hard (H): large increase in breathing and heart rate

Record the level of intensity in the intensity box. **Please put / in the boxes if you do not participate in any exercise on that day.**

**Water Exercise:** Please record whether you participated in any water exercise. This should not be included under the “Exercise” section. Record the number of minutes of water exercise in the time box. Determine the level of the intensity of your water exercise based on the following criteria:

Fairly light (FL), at least some increase in breathing and heart rate

Somewhat hard (SH), moderate increase in breathing and heart rate

Hard or very hard (H), large increase in breathing and heart rate.

Record the level of intensity in the intensity box. **Please put / in the boxes if you do not participate in any water exercise on that day.**

**Medications:** We ask that if you take any medications, vitamins, supplements, or herbs, you record them in your fertility calendar. Put the name of the medication next to a letter and use the appropriate letter to mark the days you take that medication. **Please put an / in the box if you do not take any medications on that day.**

**A sample diary is attached.**

Record every month until you get pregnant, up to six months. Please send these calendars (or copies) to us each month with your physical activity monitor, using the enclosed, stamped envelope. We will pay you $10 for each completed diary (up to $60).

Thank you!