



MAIA
Midwifery & Fertility Services LLC

Fertility Chart

Name _____ Month(s) _____ Year _____

Cycle Number _____ Length of Cycle (days) _____ Days of Insemination _____

Day 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	
Date																																									
Day																																									
Phase of Moon																																									
Inseminations/Intercourse																																									
Bleeding																																									
Ovulation (pain, pressure, sensation, which side)																																									
Cervical Changes (high/low, open/closed, soft/firm, color)																																									
Mucus color & Consistency (dry, wet, slippery, fertile, stretchy, sticky, clear, yellow, white)																																									
Lens (ferning)																																									
Ovulation Predictor Kit/ Monitor																																									
Fertility Drugs																																									
Mood Changes (anger, contentment, creative, defensive, ecstatic, insecure, intuitive, irritable, voluptuous...)																																									
Sexual Desire (increase or decrease in libido, masturbation, sex with partner)																																									
Appetite or Food Cravings																																									
Breast Changes (tenderness or swelling)																																									
Cramping																																									
Stress																																									
Sleep Changes and Dreams																																									

Notes, comments, details, dreams (also see back of form) _____

More space for notes about changes during the course of your cycle:

Body Image and Comfort:

Foods:

Mood:

Sexual Desire:

Other:
