

Triphasic BBT Chart

Patient information				
Full name:			Cycle length:	
Cycle start date:			Date of last period:	
Fertility specialist or OB/GYN's full name:				
Specialist's contact details:				
Daily tracking				
Instructions for the patient: Please record your basal body temperature (BBT) each morning immediately after waking and before physical activity. Use a digital basal thermometer for accuracy. (Continue the table for the entire cycle or as needed.)				
Date	BBT (°F/°C)	Time taken	Cycle and day	Notes (mood, symptoms, etc.)

Patient's phase observations and insights

Instructions for the patient: Note the phase of your cycle each day based on BBT readings and other signs, including any symptoms of note (e.g., cervical mucus). Monitor these phases to understand your cycle better, identify ovulation, and detect early signs of pregnancy.

1. Follicular phase (pre-ovulation)	2. Luteal phase (post-ovulation)	3. Triphasic pattern (if observed)

Actions taken

Instructions for the patient: Please specify if you have taken any of the actions below.

1. I have observed a triphasic pattern.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I have found a potential pregnancy indicator.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have consulted with my fertility specialist / OB/GYN.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I have contacted my fertility specialist / OB/GYN and have set an appointment to discuss my observations, findings, and insights. (Only answer if you answered No for #3.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No