

**OBSERVATIONAL REVIEW  
and  
REPRODUCTIVE CATEGORY SPECIFIC CYCLE REVIEW  
RECORDING SHEET**

DATE: \_\_\_\_\_

CLIENT ID#: \_\_\_\_\_ CC: \_\_\_\_\_ SCORE - OR: \_\_\_\_\_ CR: \_\_\_\_\_

REPRODUCTIVE CATEGORY: ☐ Regular Cycles: ☐ Long Cycles: ☐ Breast-feeding: ☐ Infertility  
☐ Yellow Stamps - Breastfeeding: ☐ Yellow Stamps - Regular Cycles

**OBSERVATIONAL REVIEW INSTRUCTIONS:** Read each of the ten statements carefully and then place the answer, either True (T) or False (F), in the space below.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

**CYCLE REVIEW INSTRUCTIONS:** Review the 12 situations presented (A-L) and record below whether or not the situation is a day of fertility or infertility, what type of stamp would be placed for that day, and, depending on your current use of the method, whether or not the day can be used for intercourse. The fourth column should be answered only by those using the method to avoid pregnancy.

	DAY OF FERTILITY (F) OF INFERTILITY (I)	TYPE OF STAMP	CAN THIS DAY BE USED FOR INTERCOURSE? (YES OR NO) _____ TO ACHIEVE PREGNANCY _____ TO AVOID PREGNANCY	FOR THOSE AVOIDING PREGNANCY  IF YES, WHAT TIME OF DAY CAN BE USED?
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.				
L.				

2 points deducted for each incorrect answer (2.8 for infertility clients)