Obstetrical Health Maintenance

Uterine Contractions Self-Monitoring System

Name: ____________________________

Due date: ____________________________

Month: ____________________________

<table>
<thead>
<tr>
<th>Sign</th>
<th>Date of Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = not present (absent)</td>
<td>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</td>
</tr>
<tr>
<td>1 = occasional or irregular</td>
<td></td>
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<tr>
<td>2 = more regular, more intense</td>
<td></td>
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<tr>
<td>3 = rhythmic (come and go), stronger</td>
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1. Pelvic pressure
2. Low backache
3. Abdomen knots up like a ball
4. Cramps or contractions
5. Vaginal bleeding
6. Vaginal discharge (2W)*
7. Generally not feeling right (+ or -)

Is today the same as yesterday? (Y or N)

Total score

* Use Vaginal Discharge Recording System from your CREIGHTON MODEL Fertility Chart System

Prepared by:
Pope Paul VI Institute
for the Study of Human Reproduction
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