ROOT CAUSE SCIENCE • WORKSHEET 02

The Ovulation Confirmation Tracker

A low progesterone result only means something if you know when — and whether — you ovulated. This tracker gives you that answer in three cycles. It is the baseline that makes any progesterone number readable, and it is the first thing to bring to a practitioner.

The three facts this tracker runs on

Fact 01	**Regular periods don't prove you ovulated.** In a 2015 population study of 3,168 women, 37% of clinically normal cycles were anovulatory.
Fact 02	**Progesterone is tested seven days after ovulation, not on day 21.** A day-21 test assumes day-14 ovulation. Ovulate on day 18 and the test reads low even in a healthy cycle.
Fact 03	**One cycle is a data point. Three cycles are a pattern.** Luteal length and ovulation day vary. Judge on the pattern, not the month that was stressful.

The three signs, and what each one can and can't tell you

Use at least two. Temperature is the only one that confirms ovulation *happened*; the other two predict it.

SIGN	WHAT TO DO	WHAT COUNTS	WHAT IT CAN'T TELL YOU
Basal body temperature	Take it orally the moment you wake, before sitting up, same time daily. Note late nights, alcohol, illness.	A rise of ≥0.2 °C (0.4 °F) above the previous six days, held for three days. Ovulation was the day before the rise.	It confirms after the fact. It can't predict, and it can't judge how strong the corpus luteum is.
Cervical mucus	Note the most fertile quality you see each day. Egg-white, clear, stretchy or slippery is peak.	Peak day = the last day of egg-white or slippery mucus. Ovulation usually falls on peak day or within two days after.	Estrogen can produce fertile mucus without ovulation following. Several peaks in one cycle suggest stalled attempts.
LH strips	Test once daily from around day 10 (earlier in short cycles); twice daily once lines darken.	The darkest line is the surge. Ovulation typically follows 24 to 36 hours later.	A surge is a signal, not an event. In PCOS, LH can run high all cycle and give false positives.

How to time your progesterone test

Count seven days from your ovulation day (O+7) and book the blood draw for that day, whatever cycle day it lands on. Bring your chart so the result is read against a *confirmed* ovulation date. A single mid-luteal value above about 3 ng/mL confirms ovulation happened; a value that still reads low on O+7 is a genuine signal to look upstream. Progesterone is released in pulses, so treat any one number as a clue, not a verdict.

See a doctor, not a chart, for any of these

No period for three months and not pregnant or breastfeeding • milky nipple discharge, persistent headaches or vision changes • soaking through protection hourly or bleeding beyond seven days • new facial or chest hair, rapid scalp hair loss • trying to conceive for 12 months (six if you are 35 or older) • early pregnancy losses.

Cycle 1 / Daily log

Day 1 is the first day of full flow. Temperature before you get out of bed, same time each morning. Mucus code: **D** dry **S** sticky **C** creamy **E** egg-white / slippery. LH strip: **–** negative **+** positive **P** peak / darkest.

DAY	DATE	TEMP	MUCUS	LH	BLEED	SLEEP / STRESS / TRAINING / NOTES
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						

Ovulation day (O) _____ **How confirmed** _____ **Cycle length** _____

Luteal length (O+1 to day before next bleed) _____ **Progesterone test date (O+7)** _____ **Result** _____

Heavier lines mark each week. Confirmed ovulation = a temperature rise of at least 0.2 °C (0.4 °F) held for three days, ideally with a mucus peak and an LH peak in the two days before it. Circle the day the temperature shift starts; O is the day before.

Cycle 2 / Daily log

Day 1 is the first day of full flow. Temperature before you get out of bed, same time each morning. Mucus code: **D** dry **S** sticky **C** creamy **E** egg-white / slippery. LH strip: **–** negative **+** positive **P** peak / darkest.

DAY	DATE	TEMP	MUCUS	LH	BLEED	SLEEP / STRESS / TRAINING / NOTES
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						

Ovulation day (O) _____ **How confirmed** _____ **Cycle length** _____

Luteal length (O+1 to day before next bleed) _____ **Progesterone test date (O+7)** _____ **Result** _____

Heavier lines mark each week. Confirmed ovulation = a temperature rise of at least 0.2 °C (0.4 °F) held for three days, ideally with a mucus peak and an LH peak in the two days before it. Circle the day the temperature shift starts; O is the day before.

Cycle 3 / Daily log

Day 1 is the first day of full flow. Temperature before you get out of bed, same time each morning. Mucus code: **D** dry **S** sticky **C** creamy **E** egg-white / slippery. LH strip: **–** negative **+** positive **P** peak / darkest.

DAY	DATE	TEMP	MUCUS	LH	BLEED	SLEEP / STRESS / TRAINING / NOTES
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						

Ovulation day (O) _____ **How confirmed** _____ **Cycle length** _____

Luteal length (O+1 to day before next bleed) _____ **Progesterone test date (O+7)** _____ **Result** _____

Heavier lines mark each week. Confirmed ovulation = a temperature rise of at least 0.2 °C (0.4 °F) held for three days, ideally with a mucus peak and an LH peak in the two days before it. Circle the day the temperature shift starts; O is the day before.

Reading your three cycles

Copy the summary line from each log page. Then read down each column for the pattern.

CYCLE	LENGTH	O DAY	CONFIRMED BY	LUTEAL DAYS	MUCUS PEAK	LH PEAK	P4 ON O+7
1							
2							
3							
Pattern							

What the pattern is telling you

These are signals to bring to a practitioner, not diagnoses. Tick what fits.

☐ **No temperature shift in a cycle**	An anovulatory cycle. You bled from an estrogen-built lining; no corpus luteum formed. One is common. Two of three is a pattern worth investigating.
☐ **Luteal phase of 10 days or fewer**	The ASRM definition of luteal phase deficiency. The corpus luteum formed but ran short. Look at energy availability and stress first.
☐ **Ovulation later than day 16**	Your day-21 test would have been mistimed. Any earlier “low progesterone” result needs repeating on O+7.
☐ **Ovulation day varies by more than 5 days**	Inconsistent ovulation. Typical of stress, under-fuelling, and perimenopause. Track alongside sleep and training load.
☐ **Cycles longer than 35 days, or several mucus peaks**	Stalled follicles trying to ovulate. Ask about PCOS: fasting insulin, testosterone, DHEA-S.
☐ **Slow, staggered temperature rise (4+ days)**	A weaker ovulation and slower corpus luteum start. Often travels with a short luteal phase.
☐ **Everything looks textbook**	Ovulating on time, luteal phase 12 to 14 days, clear shift. If symptoms persist, the driver is likely not ovulation. Look at thyroid, iron, and sleep.

Which driver does your chart point to?

Match the pattern to the six upstream causes from the article. More than one is normal.

DRIVER	CHART PATTERN	LABS TO ASK FOR
Chronic stress	Late or missed ovulation in hard weeks; short luteal phase	Diurnal cortisol pattern (optional); nothing replaces the chart
Under-fuelling	Luteal phase shrinks with training load; cycles stretch when “being good”	Ferritin, thyroid panel; an honest energy-balance audit
PCOS	Long cycles; multiple mucus peaks; LH strips positive for days	Fasting insulin, testosterone, DHEA-S, AMH
Thyroid	Slow temperature rise; low baseline temps; heavy or spaced-out periods	TSH, free T4, free T3, TPO antibodies
Prolactin	Irregular or absent ovulation with no obvious lifestyle trigger	Morning prolactin; review medications
Perimenopause	Cycles shorten then scatter; luteal phase shortens; heavier flow	FSH and estradiol on day 3 (interpret with care); thyroid, ferritin

Confirm ovulation, time the test, read the number as a clue, then find the interruption. The full explanation of all six drivers is at deeperthansymptoms.com/what-causes-low-progesterone.