

PLEASE COMPLETE THIS CHART RECORDING THE TYPE OF FLUID YOU DRINK, HOW MUCH YOU DRINK AND HOW MUCH URINE YOU PASS EACH TIME YOU GO TO THE TOILET

TIME	DAY 1			Time	DAY 2			Time	DAY 3			Time	DAY 4		
	Fluid	In	Out		Fluid	In	Out		Fluid	In	Out		Fluid	In	Out
6:00				6:00				6:00				6:00			
7:00				7:00				7:00				7:00			
8:00				8:00				8:00				8:00			
9:00				9:00				9:00				9:00			
10:00				10:00				10:00				10:00			
11:00				11:00				11:00				11:00			
12:00				12:00				12:00				12:00			
13:00				13:00				13:00				13:00			
14:00				14:00				14:00				14:00			
15:00				15:00				15:00				15:00			
16:00				16:00				16:00				16:00			
17:00				17:00				17:00				17:00			
18:00				18:00				18:00				18:00			
19:00				19:00				19:00				19:00			
20:00				20:00				20:00				20:00			
21:00				21:00				21:00				21:00			
22:00				22:00				22:00				22:00			
23:00				23:00				23:00				23:00			
0:00				0:00				0:00				0:00			
1:00				1:00				1:00				1:00			
2:00				2:00				2:00				2:00			
3:00				3:00				3:00				3:00			
4:00				4:00				4:00				4:00			
5:00				5:00				5:00				5:00			
<b>Total</b>				<b>Total</b>				<b>Total</b>				<b>Total</b>			

IMPORTANT: Please circle EACH day the time that you go to sleep at night and the time that you get up in the morning.

**IMPORTANT** : EVERY DAY, PLEASE CIRCLE THE TIME YOU GO TO SLEEP AT NIGHT AND THE TIME YOU WAKE IN THE MORNING TO GET UP FOR THE DAY