

# Daily Fluid Intake and Output Record



THE OHIO STATE  
UNIVERSITY  
WEXNER MEDICAL CENTER

If you have a condition where drinking too much fluid can be harmful to your health, keep track of your morning weight, how much you drink, and the amount of urine you produced.

Month \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: _____ ____ Weight ____ Fluid In ____ Fluid Out	Date: _____ ____ Weight ____ Fluid In ____ Fluid Out	Date: _____ ____ Weight ____ Fluid In ____ Fluid Out	Date: _____ ____ Weight ____ Fluid In ____ Fluid Out	Date: _____ ____ Weight ____ Fluid In ____ Fluid Out	Date: _____ ____ Weight ____ Fluid In ____ Fluid Out	Date: _____ ____ Weight ____ Fluid In ____ Fluid Out
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This handout is for informational purposes only. Talk to your healthcare provider if you have any questions about your care.