

Date/time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
12:00mid															
1:00am															
2:00am															
3:00am															
4:00am															
5:00am															
6:00am															
7:00am															
8:00am															
9:00am															
10:00am															
11:00am															
12:00noon															
1:00pm															
2:00pm															
3:00pm															
4:00pm															
5:00pm															
6:00pm															
7:00pm															
8:00pm															
9:00pm															
10:00pm															
11:00pm															

Please mark the following codes in the column for the day of the month at the hour in which it occurred. For more than one incident in an interval, follow the code with a number, e.g., E2.

- E - Excessive Liquid Intake (observed, unscheduled and unauthorized consumption of liquid)
- X - Reward Earned
- Z - Outing Earned

Mark a "Y" for yes or a "N" for no in response the the questions.

Weights:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Before Breakfast															
After shower															
Before outing															
After outing															
Before (2nd) outing															
After (2nd) outing															
Bedtime															
Mark "X" if overage															

Record weights at the stated intervals. Mark and "R" if client refuses to weigh in. Put an "X" beneath the row if there is a refusal or weight overage (5lb. gain since most recent breakfast or bedtime weight) or mark a "0" if there is no overage.

If client shows _____ lb. variation in weight, redirect away from liquid sources and restrict fluids to _____ Boz. only at meals and with medications for the rest of the day.

If client shows _____ lb. variation in weight, take immediately to the lab. for testing.

FLUID INTAKE AND BEHAVIOR DATA SHEET FOR:

Month/Year _____

Date/time	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
12:00mid																
1:00am																
2:00am																
3:00am																
4:00am																
5:00am																
6:00am																
7:00am																
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9:00am																
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Mark a "Y" for yes or a "N" for no in response the the questions.

Weights:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Before Breakfast																
After shower																
Before outing																
After outing																
Before (2nd) outing																
After (2nd) outing																
Bedtime																
Mark "X" if overage																

Record weights at the stated intervals. Mark and "R" if client refuses to weigh in. Put an 'X' beneath the row if there is a refusal or weight overage (5lb. gain since most recent breakfast or bedtime weight) or mark a "0" if there is no overage.

If client shows _____lb. variation in weight, redirect away from liquid sources and restrict fluids to 8oz. only at meals and with medications for the rest of the day.

If client shows _____lb. variation in weight, take immediately to the lab. for testing.