



DAILY RECORD

Record the details of your daily
experience to help you stay on track.

NAME _____

Journal start date ___/___/___

Journal end date ___/___/___

Testing Details

Previous 24-hour urine test date ___/___/___

Previous 24-hour urine test results:

Cystine concentration (mg/L) _____

pH _____ Urine output (L) _____

Next 24-hour urine test date ___/___/___

Last procedure/surgery date ___/___/___

How much water did I drink today?

You should drink at least ten 10-ounce glasses of water per day (3 liters).

✓ Check off how many glasses of water you drank today.

**Have I taken my medications as directed?**

Potassium citrate Thiol-binding medication

Other: _____

Did I follow my recommended diet plan today?

You should limit your sodium and animal protein intake, and increase your intake of high-fiber fruits and vegetables.

Low-sodium diet Low animal-protein diet High-fiber diet

Did I have a stone-related event today?

Pain related to stone Passed a stone

Pain related to a recent stone procedure

Did I have pain today?

✓ Check off the face that you feel is closest to how you felt today.

**Did I need to take medication to manage the pain?**

Yes No

How did I do overall today?

On a scale of 1 to 10, how closely did you follow the treatment plan?

Not adherent ① — ② — ③ — ④ — ⑤ — ⑥ — ⑦ — ⑧ — ⑨ — ⑩ Extremely adherent

Notes

Write down anything you may want to discuss with your doctor.



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