



# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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✓ 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

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✓ 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

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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

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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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**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

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