MY WEEKLY FLUID LOG

Track your daily fluid intake for one week.

Name: **Week of:**

My daily fluid limit: mL / oz

Use the amount provided by your dialysis care team.

DAY / DATE	MORNING	AFTERNOON	EVENING	OTHER	DAILY TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

QUICK FLUID CONVERSIONS

Common amount	Approx. mL
¼ cup / 2 oz	60 mL
½ cup / 4 oz	120 mL
¾ cup / 6 oz	180 mL
1 cup / 8 oz	240 mL
12 oz	355 mL

Common amount	Approx. mL
16 oz / 2 cups	475 mL
20 oz	590 mL
24 oz / 3 cups	710 mL
32 oz / 4 cups	950 mL
1 liter	1,000 mL

Remember: Fluid includes more than water. Drinks and foods that are liquid at room temperature, such as coffee, tea, juice, milk, soda, ice, soup, gelatin, and frozen treats, may count toward your daily fluid intake. Follow your dialysis care team's guidance about what to count.