# Supplementary Online Content

Hooton TM, Vecchio M, Iroz A, et al. Effect of increased daily water intake in premenopausal women with recurrent urinary tract infections: a randomized clinical trial. Published online October 1, 2018. *JAMA Intern Med*. doi:10.1001/jamainternmed.2018.4204

**eMethods 1.** 3-days Fluid Intake Diary
**eMethods 2.** Voiding Diary

This supplementary material has been provided by the authors to give readers additional information about their work.

# eMethods 1. 3 DAYS FLUID INTAKE DIARY

Subject Identification:     **1 0 0  - 0 0 1 -** |__|__|__|

Dear Ms.,

You just have been selected to participate to the study NU369.

Depending on the visit number, you will be provided with the corresponding pages of this diary. You will have to fill in it until the end of this study.

This diary will be useful for you to specify data that will be very important for the analysis of these study results.

Please take few minutes to read it carefully. It contents important information that will be useful to ensure the accuracy of the final results of this study.

We thank you for your participation.

The S_HYDRACYST Project team.

| | NU369<br>S_HYDRACYST | Subject Number:<br>1 0 0 - 0 0 1 - \|__\|__\|__\| |
|---|---|---|

ADDRESSES AND CONTACT INFORMATION

**Principal Investigator :**
MAYA DABCHEVA, MD
COMAC MEDICAL LTD,
SOFIA, BULGARIA
PHONE: +359 2 850 97 04

Thank you very much for participating in our study. We would like to ask you to write down everything you drink during the day (beverage, quantity and context). For this purpose we have prepared "a beverages fluid intake". Its fulfillment won't take you more than a few minutes per day. The diary is divided into 13 months. We ask you to fulfill it for 3 consecutive days including 2 days of the week-end and 1 working day (Saturday - Sunday - Monday or Friday - Saturday - Sunday) each month.
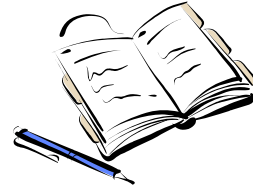
Here are some advices to complete correctly the diary. For any additional information, feel free to contact the investigative site.

## 💡 Golden rules:

Filling in this diary, please note that:

• The Diary has been prepared to record in detail what you drank for 3 consecutive days.

• Please write everything you drank during the whole day regardless of whether it was at home or not.

• Each consumed beverage should be entered on a separate line. Please write any type of beverage: juice, water, tea, beer, etc...

• For each moment of the day you have the possibility to enter several types of consumed beverages.

• Please carry out a systematic diary - if possible - without leaving it for the end of the day. Otherwise, there is a risk that you forget a few important details.

## DAYS AND OCCASIONS

Each day of the diary is divided into different moments of the day. At any moment of the day, please think about ALL the beverages you drank and enter them in the appropriate lines.

Moments of the day:
1. After wake up, Before breakfast
2. During breakfast
3. Between breakfast and lunch
4. During lunch
5. Between lunch and dinner
6. During dinner
7. After dinner
8. During the night

### HOW TO FILL IN THIS DIARY

For each beverage consumed, please record the following information:
A) Type of drink
B) Beverage packaging
C) The amount of beverage consumed

## Beverage Type - Column A

In column A of the diary, please enter the number in front of the kind of beverage that you drank

**WATER**
1. Tap water
2. Bottled non-carbonated mineral water (including the water drank for the study – if you are in the intervention group- )
3. Bottled carbonated mineral water
4. Water from distributor\big bottle

**HOT DRINKS**
5. Coffee
6. Hot chocolate, Cacao, Cappuccino
7. Tea (black)
8. Fruit tea
9. Green tea
10. Other Tea

**MILK DRINKS**
11. Milk (full\skimmed)
12. Buttermilk, kefir
13. Drinking yoghurt
14. Other milk drinks

**SUGARED BEVERAGES**
15. 100% fruit juice
16. Thick mashed juice, usually based on carrot or banana (i.e. Kubus, Pysio)
17. Vegetable juice (i.e. tomato)
18. Fruit nectar
19. Fresh juice one or two-days (i.e. Marvit)
20. Fresh juice prepared at home (squeezed)
21. Compote
22. Fruit non-carbonated drinks

23. Ice Tea
24. Ice Coffee
25. Energetic drinks (i.e. Red Bull)
26. Isotonic drinks, for sportsmen (i.e. Isostar, Powerade)
27. Carbonated cola type drink
28. Other carbonated drink – fruit, tonic, orangeade (i.e. Fanta, Sprite)

**DIET BEVERAGES**

29. Fruit non-carbonated drinks
30. Diet Ice Tea
31. Diet Ice Coffee
32. Diet Energetic drinks (i.e. Red Bull)
33. Diet Carbonated cola type drink
34. Other diet carbonated drink – fruit, tonic, orangeade (i.e. diet Fanta, diet Sprite)

**ALCOHOL**

35. Beer
36. Wine
37. Aperitif, Cocktail, Liqueur, Drink
38. High percentage alcohol (vodka, cognac, whisky)

**OTHER**

39.  Other

## Drink package – Column B

Please enter the code for the packaging corresponding to the drink you entered on columns A and B

**TETRA PACK**
- 01. Tetra pack 0,2 L
- 02. Tetra pack 0,25 L
- 03. Tetra pack 0,33 L
- 04. Tetra pack 0,5 L
- 05. Tetra pack 1 L
- 06. Tetra pack 1,5 L
- 07. Tetra pack 2 L

**PLASTIC BOTTLE**
- 08. Plastic bottle 0,25 L
- 09. Plastic bottle 0,33 L
- 10. Plastic bottle 0,5 L
- 11. Plastic bottle 0,7 L /0,75 L
- 12. Plastic bottle 1 L
- 13. Plastic bottle 1,5 L
- 14. Plastic bottle 2 L
- 15. Plastic bottle 5 L

**GLASS BOTTLE**
- 16. Glass bottle 0,2 L
- 17. Glass bottle 0,25 L
- 18. Glass bottle 0,33 L
- 19. Glass bottle 0,5 L
- 20. Glass bottle 0,66 L
- 21. Glass bottle 0,75 L
- 22. Glass bottle 1 L

**CAN**
- 23. Can 0,33 L
- 24. Can 0,5 L

**OTHER**
- 25. Other

## Amount of drank drink – Column C

Please enter the quantity of beverage consumed at a given moment in litres for example:

If you drank a can of cola => please write **0,33 L**

If you drank a glass of water from the 1.5 L bottle => please write **0,25L**

To help you, you will find below a table of various sizes commonly used:

| | |
| --- | --- |
| | **Standard glass – 0,25 L** |
| | **Mug – 0,25 L** |
| | **Cup of coffee – between 0,1 and 0,2 L** |
| | **Glass of vodka –40 mL** |
| | **Glass of wine – between 0,15 L to 0,25 L.** |

Please fill in the diary as described above.

When entering the beverages drunk you should always take into account the day and the different moments of the day.

**THANK YOU FOR YOUR HELP AND COOPERATION!!**

| | NU369<br>S_HYDRACYST | Month 0 | Subject Number:<br>1 0 0 - 0 0 1 - |__|__|__| |
|---|---|---|---|

**Fluid consumption report: Month 0**

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | **See A** | **See B** | **See C** |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Remember to send back the diary at the investigating site by courier, using the pre-print envelope or to give it personally if more convenient for you.**

Validated by the investigator

Signature                                                            Date

(justify any correction performed during the review of the document)

| | NU369 S_HYDRACYST | Month 1 | Subject Number: 1 0 0 - 0 0 1 - |__|__|__| |
|---|---|---|---|

## Fluid consumption report: Month 1

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| **2 During breakfast** | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |

| | | | |
|---|---|---|---|
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **4 During lunch** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 5 Between lunch and dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **6 During dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 7 After dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 8 During the night | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

**Date (DD/MM/YYYY):** \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|

| | **See A** | **See B** | **See C** |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
| --- | --- | --- | --- |
| **4 During lunch** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **6 During dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 7 After dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 8 During the night | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

| | **See A** | **See B** | **See C** |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| **1 After wake up, Before breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **3 Between breakfast and lunch** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:……………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please also specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**.

| Validated by the investigator |
|---|
| Signature                                                     Date |
| (justify any correction performed during the review of the document) |

| | NU369<br>S_HYDRACYST | Month 2 | Subject Number:<br>1 0 0 - 0 0 1 - \|__\|__\|__\| |
|---|---|---|---|

**Fluid consumption report: Month 2**

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **3 Between breakfast and lunch** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **4 During lunch** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **5 Between lunch and dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **6 During dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **7 After dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **8 During the night** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

### Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**

Validated by the investigator

Signature                                         Date

(justify any correction performed during the review of the document)

## Fluid consumption report: Month 3

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY):** \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|

| | **See A** | **See B** | **See C** |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
| --- | --- | --- | --- |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **4 During** lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 5 Between lunch and dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **6 During dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 7 After dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 8 During the night | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

**Date (DD/MM/YYYY):** \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 AfterAfter dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

© 2018 Hooton TM et al. *JAMA Intern Med.*

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

|  | See A | See B | See C |
|---|---|---|---|
|  | **Type of drink** | **Drink package** | **Amount of drank drink** |
|  | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
| **2 During breakfast** | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
| 3 Between breakfast and lunch | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
| **4 During lunch** | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |

| | | | |
|---|---|---|---|
| 5 Between lunch and dinner | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| **6 During dinner** | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| 7 After dinner | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| 8 During the night | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you**.

| Validated by the investigator |
|---|
| Signature                              Date |
| (justify any correction performed during the review of the document) |

## Fluid consumption report: Month 4

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

© 2018 Hooton TM et al. *JAMA Intern Med.*

| | | | |
|---|---|---|---|
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **4 During** lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 5 Between lunch and dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **6 During dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 7AfterAfter dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 8 During the night | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| **2 During breakfast** | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| 3 Between breakfast and lunch | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| **4 During** lunch | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |

| | | | |
|---|---|---|---|
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **4 During lunch** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary back at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you**.

Validated by the investigator

Signature                                                                Date

(justify any correction performed during the review of the document)

**Fluid consumption report: Month 5**

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **3 Between breakfast and lunch** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **4 During lunch** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **5 Between lunch and dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **6 During dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **7 After dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **8 During the night** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

| | NU369 S_HYDRACYST | Month 5 | Subject Number: 1 0 0 - 0 0 1 - \|__\|__\|__\| |
|---|---|---|---|

**Date (DD/MM/YYYY): \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **4 During** lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

|  | See A | See B | See C |
|---|---|---|---|
|  | Type of drink | Drink package | Amount of drank drink |
|  | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| **4 During** lunch | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………

……………………………………………………………………………………
……………………………………………………………………………………
Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| *Medication* | *Start of administration* | *End of administration* | *Dose/Frequency* |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**

---

Validated by the investigator

Signature                                                                          Date

(justify any correction performed during the review of the document)

---

## Fluid consumption report: Month 6

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on: (please tick the corresponding box below)**

**Friday – Saturday - Sunday**

**OR on**

**Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|**

| | **See A** | **See B** | **See C** |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **2 During breakfast** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

| | | | |
|---|---|---|---|
| 3 Between breakfast and lunch | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **4 During** lunch | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **6 During dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 7 After dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 8 During the night | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **2 During breakfast** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 3 Between breakfast and lunch | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During** lunch | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **6 During dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 7 After dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 8 During the night | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you**.

Validated by the investigator

Signature                                                                     Date

(justify any correction performed during the review of the document)

## Fluid consumption report: Month 7

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

### Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **4 During** lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 5 Between lunch and dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **6 During dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 7 After dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 8 During the night | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
| --- | --- | --- | --- |
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During** lunch | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During** lunch | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **6 During dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 7 After dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 8 During the night | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please
describe it briefly here as follows:

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**.

---

Validated by the investigator

Signature                                                                Date

(justify any correction performed during the review of the document)

---

## Fluid consumption report: Month 8

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

### Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
| --- | --- | --- | --- |
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

|  | See A | See B | See C |
|---|---|---|---|
|  | Type of drink | Drink package | Amount of drank drink |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| **4 During lunch** | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| 5 Between lunch and dinner | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| **6 During dinner** | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| 7 After dinner | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| 8 During the night | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |

**Date (DD/MM/YYYY): \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During** lunch | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

|  | See A | See B | See C |
|---|---|---|---|
|  | **Type of drink** | **Drink package** | **Amount of drank drink** |
|  | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| **1 After wake up, Before breakfast** | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
| **2 During breakfast** | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
| **3 Between breakfast and lunch** | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **6 During dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 7 After dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 8 During the night | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
| --- | --- | --- | --- |
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**.

| |
| --- |
| Validated by the investigator<br><br>Signature                                         Date<br><br><br><br><br>(justify any correction performed during the review of the document)<br><br><br> |

## Fluid consumption report: Month 9

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

© 2018 Hooton TM et al. *JAMA Intern Med.*

| | **See A** | **See B** | **See C** |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **4 During lunch** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 5 Between lunch and dinner | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **6 During dinner** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 7 After dinner | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 8 During the night | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

| | **See A** | **See B** | **See C** |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **2 During breakfast** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

|  | See A | See B | See C |
|---|---|---|---|
|  | **Type of drink** | **Drink package** | **Amount of drank drink** |
|  | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**.

Validated by the investigator

Signature                                                                                      Date

(justify any correction performed during the review of the document)

**Fluid consumption report: Month 10**

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY):** \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|

| | **See A** | **See B** | **See C** |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _ , _ _ L |
| | — — | — — | _ , _ _ L |
| | — — | — — | _ , _ _ L |
| **2 During breakfast** | — — | — — | _ , _ _ L |
| | — — | — — | _ , _ _ L |
| | — — | — — | _ , _ _ L |

© 2018 Hooton TM et al. *JAMA Intern Med.*

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| 3 Between breakfast and lunch | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
| --- | --- | --- | --- |
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **2 During breakfast** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 3 Between breakfast and lunch | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **6 During dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 7 After dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 8 During the night | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**.

Validated by the investigator

Signature                                                                        Date

(justify any correction performed during the review of the document)

### Fluid consumption report: Month 11

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

### Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **2 During breakfast** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

| | | | |
|---|---|---|---|
| 3 Between breakfast and lunch | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY):** \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **2 During breakfast** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 3 Between breakfast and lunch | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 5 Between lunch and dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **6 During dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 7 After dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 8 During the night | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

|  | See A | See B | See C |
|---|---|---|---|
|  | **Type of drink** | **Drink package** | **Amount of drank drink** |
|  | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |
|  | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**.

---

Validated by the investigator

Signature                                                                          Date




(justify any correction performed during the review of the document)

---

## Fluid consumption report: Month 12

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): \|__\|__\|/\|__\|__\|/\|__\|__\|__\|__\|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| 3 Between breakfast and lunch | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **4 During lunch** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **6 During dinner** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 7 After dinner | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 8 During the night | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| **2 During breakfast** | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| 3 Between breakfast and lunch | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |
| | _ _ | _ _ | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
| --- | --- | --- | --- |
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| **2 During breakfast** | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| 3 Between breakfast and lunch | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |
| | _ _ | _ _ | _ , _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

………………………………………………………………………………………

………………………………………………………………………………………

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| *Medication* | *Start of administration* | *End of administration* | *Dose/Frequency* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelope **or to give it personally if more convenient for you.**

| Validated by the investigator |
|---|
| Signature                                          Date |
| |
| (justify any correction performed during the review of the document) |
| |
| |

| | NU369<br>S_HYDRACYST | Month<br>|__|__| | Subject Number:<br>1 0 0 - 0 0 1 - |__|__|__| |
|---|---|---|---|

**Fluid consumption report: Month |__|__|**

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| 3 Between breakfast and lunch | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

|  | See A | See B | See C |
|---|---|---|---|
|  | **Type of drink** | **Drink package** | **Amount of drank drink** |
|  | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
| **2 During breakfast** | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
| 3 Between breakfast and lunch | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |
|  | _ _ | _ _ | _, _ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters For example: 0.25 L (a glass) 0.33 L (can of Cola) 0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

……………………………………………………………………………………………

……………………………………………………………………………………………

…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………
…………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site by courier using the pre-print envelop **or to give it personally if more convenient for you.**

| Validated by the investigator |
|---|
| Signature                                           Date |
| |
| (justify any correction performed during the review of the document) |
| |
| |

| | NU369<br>S_HYDRACYST | Month<br>I__I__I | Subject Number:<br>1 0 0 - 0 0 1 - \|__\|__\|__\| |
|---|---|---|---|

## Fluid consumption report: Month |__|__|

**You should decide when to start completing the diary on three consecutive days for this month: on Friday or on Saturday. Depending on your choice, you will complete it on:** *(please tick the corresponding box below)*

☐ **Friday – Saturday - Sunday**

**OR on**

☐ **Saturday – Sunday - Monday**

### Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| | — — | — — | _, _ _ L |
| 3 Between breakfast and lunch | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **4 During lunch** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 5 Between lunch and dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| **6 During dinner** | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 7 After dinner | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |
| 8 During the night | — — | — — | _, _ _ L |
| | — — | — — | _, _ _ L |

| NU369 S_HYDRACYST | Month \|__\|__\| | Subject Number: 1 0 0 - 0 0 1 - \|__\|__\|__\| |
|---|---|---|

**Date (DD/MM/YYYY): |__|__|/|__|__|/|__|__|__|__|**

|  | See A | See B | See C |
|---|---|---|---|
|  | **Type of drink** | **Drink package** | **Amount of drank drink** |
|  | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| **1 After wake up, Before breakfast** | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
| **2 During breakfast** | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
| **3 Between breakfast and lunch** | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
| **4 During lunch** | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |

|  | **See A** | **See B** | **See C** |
|---|---|---|---|
|  | **Type of drink** | **Drink package** | **Amount of drank drink** |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |
|  | _ _ | _ _ | _,_ _ L |

| | NU369 S_HYDRACYST | Month I__I__I | Subject Number: 1 0 0 - 0 0 1 - \|__\|__\|__\| |
|---|---|---|---|

**Date (DD/MM/YYYY):** |__|__|/|__|__|/|__|__|__|__|

| | See A | See B | See C |
|---|---|---|---|
| | **Type of drink** | **Drink package** | **Amount of drank drink** |
| | Enter the code type of beverage | Enter the code for type of packaging you drunk (mentioned on columns A) | Enter the quantity consumed drink at that time of the day In liters<br>For example:<br>0.25 L (a glass)<br>0.33 L (can of Cola)<br>0.20 L (less than a tea cup) |
| 1 After wake up, Before breakfast | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **2 During breakfast** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| 3 Between breakfast and lunch | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| **4 During lunch** | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |
| | — — | — — | _,_ _ L |

| | | | |
|---|---|---|---|
| | _ _ | _ _ | _,_ _ L |
| 5 Between lunch and dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| **6 During dinner** | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 7 After dinner | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |
| 8 During the night | _ _ | _ _ | _,_ _ L |
| | _ _ | _ _ | _,_ _ L |

## NOTES

Have you undergone an adverse event during this month? If yes, please describe it briefly here as follows:

……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

Have you taken any medication (including medications taken for treatment of an adverse event)? If yes, please specify in the following table:

| Medication | Start of administration | End of administration | Dose/Frequency |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Remember to send back the diary at the investigating site, by courier, using the pre-print envelop **or to give it personally if more convenient for you.**

---

Validated by the investigator

Signature                                                      Date


(justify any correction performed during the review of the document)

---

eMethods 2. **Voiding diary**

Subject identification:

**1 0 0 - 0  0  1 -** \|__\|__\|__\|

Subject identification and visit number at each page must be completed by the investigator

## GUIDELINES FOR 24 HOURS URINE COLLECTION

**You should collect all excreted urine beginning from the second micturition on the day you start collecting it until the first micturition (inclusive) on the next day after waking up.** You should keep in mind that the first micturition on the second day should be collected at the same time when the first micturition on the previous day occurred.

After you have woken up on the day you start 24H urine collecting, please write down the date and time of first micturition.
DO NOT INCLUDE THIS MICTURITION in the big container given to you!

Date:  __ . ___ . _____      Time: ___ : ___

I hereby confirm that this micturition was not included in the container.
 □ yes           □ no *(comment):*

*24H urine collection starts from now on.* Write down all moments when you have urinated whereas you should collect all micturitions in the container:

| Date | Time | Did you feel a strong urge to go? *(yes/no)* | Did you have any complaints during voiding? *(please describe in brief)* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Voiding diary – version 3.0,
Date: 20/01/2015
© 2018 Hooton TM et al. *JAMA Intern Med.*

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

After you have woken up on the day you finish 24H urine collecting, please write down the date and time of first micturition and add the urine to the container.. Please remember that the first micturition on the second day should be collected at the same time when the first micturition on the previous day occurred.

Date: ___ . ___ . _____          Time: ___ : ___

**Validated by the investigator**

Signature:                          Date:

(justify any correction performed during the review of the document)