Daily Hydration Log

Date: _____ **Daily Fluid Goal:** _____ fl oz **Tracking Method:** Water Only / All Fluids

Time	Drink Type	Serving Size (e.g., cup, bottle)	Amount (fl oz)	Running Total (fl oz)	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Factors That May Affect Intake

Exercise: _____

Hot Weather: _____

Illness: _____

Notes: _____

Total Intake (fl oz) _____

Goal Status (circle one) Met Not Met Over