DAILY WATER INTAKE CHART

DATE: _____ DAILY GOAL: _____ oz / _____ ml

TIME	AMOUNT DRUNK	TOTAL (oz / ml)
7:00 AM		_____ oz / _____ ml
8:00 AM		_____ oz / _____ ml
9:00 AM		_____ oz / _____ ml
10:00 AM		_____ oz / _____ ml
11:00 AM		_____ oz / _____ ml
12:00 PM		_____ oz / _____ ml
1:00 PM		_____ oz / _____ ml
2:00 PM		_____ oz / _____ ml
3:00 PM		_____ oz / _____ ml
4:00 PM		_____ oz / _____ ml
5:00 PM		_____ oz / _____ ml
6:00 PM		_____ oz / _____ ml
7:00 PM		_____ oz / _____ ml
8:00 PM		_____ oz / _____ ml
9:00 PM		_____ oz / _____ ml
10:00 PM		_____ oz / _____ ml

TOTAL INTAKE FOR THE DAY:	_____ oz / _____ ml

NOTES:

DRINK WATER. STAY HEALTHY.