DAILY
WATER INTAKE CHART

DATE: _____ DAILY GOAL: _____ oz / _____ ml

TIME	WATER INTAKE	AMOUNT
7:00 AM		_____ oz / _____ ml
9:00 AM		_____ oz / _____ ml
11:00 AM		_____ oz / _____ ml
1:00 PM		_____ oz / _____ ml
3:00 PM		_____ oz / _____ ml
5:00 PM		_____ oz / _____ ml
7:00 PM		_____ oz / _____ ml
9:00 PM		_____ oz / _____ ml

TOTAL INTAKE: _____ oz / _____ ml

NOTES: