DAILY WATER INTAKE CHART

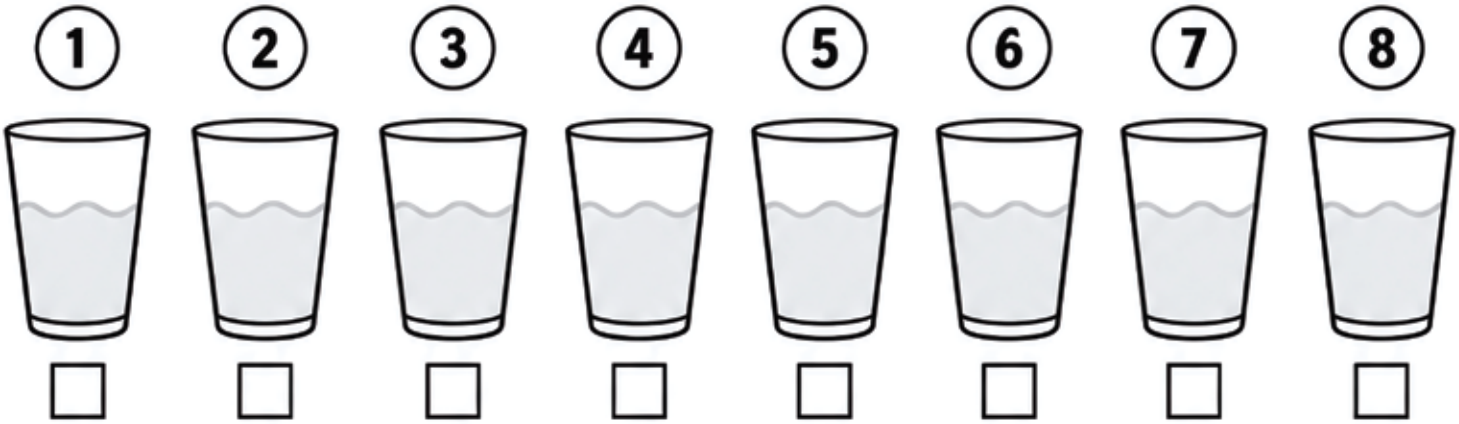
Name: _____ **Date:** _____

Daily Goal: _____ (glasses) **Notes:** _____

_____

_____

DRINK 8 GLASSES TODAY!



Time	Amount (glasses)	Notes

TOTAL WATER INTAKE

_____ (glasses)

GOAL REACHED

☐ YES! ☐ NOT YET