

DAILY WATER INTAKE CHART



DATE: _____

DAILY GOAL: _____ oz / _____ ml

TIME	WATER INTAKE	AMOUNT
8:00 AM	       	_____ oz / _____ ml
10:00 AM	       	_____ oz / _____ ml
12:00 PM	       	_____ oz / _____ ml
2:00 PM	       	_____ oz / _____ ml
4:00 PM	       	_____ oz / _____ ml
6:00 PM	       	_____ oz / _____ ml
8:00 PM	       	_____ oz / _____ ml
10:00 PM	       	_____ oz / _____ ml

**TOTAL
INTAKE**

_____ oz / _____ ml

NOTES



STAY HYDRATED, STAY HEALTHY!

