Daily Water Intake Chart

Name: _____ Date: _____

Physician or Coach: _____ Daily Goal: _____ oz

Comments:

Time	Water Amount (oz)	Cumulative Total (oz)	Check
:			☐
:			☐
:			☐
:			☐
:			☐
:			☐
:			☐
:			☐
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:			☐
:			☐

Energy Level

- ◯ Very Low
- ◯ Low
- ◯ Moderate
- ◯ High
- ◯ Very High

Activity

- ◯ Sedentary
- ◯ Light
- ◯ Moderate
- ◯ High
- ◯ Very High

Other: _____

Notes

Final Total: _____ oz

Add up your last Cumulative Total.

Goal Status (check one):

☐ Below Goal ☐ Met Goal ☐ Exceeded Goal

Difference from Goal: _____ oz

(Final Total – Daily Goal)