Daily Water Intake Chart

Name: _____ **Date:** _____

Daily Goal: _____ *cups / glasses* **Daily Reminder:** _____

Morning		Afternoon		Evening	
Time	**Amount** *(cups / glasses)*	**Time**	**Amount** *(cups / glasses)*	**Time**	**Amount** *(cups / glasses)*
:		:		:	
:		:		:	
:		:		:	
:		:		:	
:		:		:	
:		:		:	
:		:		:	
:		:		:	
:		:		:	
:		:		:	

TOTAL CUPS / GLASSES CONSUMED

Shade or check each cup as you drink it.

1 2 3 4 5 6 7 8 9 10 11 12 14 15 16

Add or cross out cups to match your daily goal.

TOTAL INTAKE

_____

cups / glasses

GOAL ACHIEVED

☐ Yes! I reached my goal.

☐ Not yet. I'll keep going!

NOTES

_____

_____

_____

_____