

Day 1

Morning: _____

Beverages/Snacks: _____

Lunch: _____

Beverages/Snacks: _____

Dinner: _____

Beverages/Snacks: _____

Total Water Intake: _____ glasses/ fluid ounces (circle)

Day 2

Morning: _____

Beverages/Snacks: _____

Lunch: _____

Beverages/Snacks: _____

Dinner: _____

Beverages/Snacks: _____

Total Water Intake: _____ glasses/ fluid ounces

Day 3

Morning: _____

Beverages/Snacks: _____

Lunch: _____

Beverages/Snacks: _____

Dinner: _____

Beverages/Snacks: _____

Total Water Intake: _____ glasses/ fluid ounces