



Petal & Paper

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Daily water intake tracker



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H Y D R A T I O N C H E C K

water tracker

Date · ____ **Target:** ____ml / ____glasses (NHS: 6–8 glasses/day)

Glass 1 · ☐ **Glass 2:** ☐ **Glass 3:** ☐ **Glass 4:** ☐

Glass 5 · ☐ **Glass 6:** ☐ **Glass 7:** ☐ **Glass 8:** ☐

Total today · ____ml **Target met:** ☐

Coffee / tea (count toward total) · ____ **Alcoholic drinks:** ____
(net dehydrating)

How hydrated did I feel · Headache: ☐ Energy: ____/5 Lips dry:
☐

Week average · ____ml/day Below 1.5L: ____days **Target days:**

W A T E R F I R S T · C O F F E E S E C O N D ·
E V E R Y T H I N G E L S E I S A B O N U S

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