

SCORE WITH YOUR POUR SCORECARD

Optimizing your hydration routine can help you make the most of every practice, workout and competition. Use this scorecard to help determine how and when you should be hydrating.

Will you lead your team with the highest score?

ACTION ITEM	GOAL	RESPONSE		
		YES = 2	SOMETIMES = 1	NO = 0
Do you consume fluid with every meal and snack?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you have fruit and/or vegetables with most meals/snacks?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
During the day, do you drink more water, milk, juice and zero-calorie sports drinks over fruit punch, soda and sweetened coffee/tea?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you carry a squeeze bottle with you during the day and drink from it regularly?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you consume fluid BEFORE every practice/workout/event?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Is your urine a light color before practices/workouts/events?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you consume fluid DURING practices/workouts/events?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you swallow fluids consumed?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you avoid spitting your fluid out during practices/workouts/events?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you make an effort to include sodium in your hydration plan such as sports drinks, electrolyte packets or salty foods on hot days?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you drink fluids immediately AFTER every practice/workout/event?	Always	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you routinely limit fluid intake to make weight?	Never	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO
Do you share your squeeze bottle?	Never	<input type="checkbox"/> YES	<input type="checkbox"/> SOMETIMES	<input type="checkbox"/> NO

SCORING	YES = 2 SOMETIMES = 1 NO = 0	FINAL SCORE
SCORE 22-26	You have an exemplary hydration routine—keep up the good work.	
SCORE 17-21	You could get more out of your routine—work on actionable improvements.	
SCORE 0-16	You need to focus more on hydration—follow the action items to see progress.	