

# INFANT DAILY LOG

DATE

WEIGHT

MOOD/OVERALL

<b>TIME</b>	<b>FEEDING (OZ/MIN)</b>	<b>SLEEP (START-END)</b>	<b>DIAPER</b>	<b>ACTIVITIES/MEDS</b>
<b>6:00 AM</b>				
<b>8:00 AM</b>				
<b>10:00 AM</b>				
<b>12:00 PM</b>				
<b>2:00 PM</b>				
<b>4:00 PM</b>				
<b>6:00 PM</b>				
<b>8:00 PM</b>				
<b>10:00 PM</b>				
<b>Overnight</b>				

**DAILY TOTALS**

Total Oz: \_\_\_\_\_

Wet: \_\_\_\_\_

Total Sleep: \_\_\_\_\_

Dirty: \_\_\_\_\_

**SUPPLIES NEEDED / NOTES**