

NEWBORN DAILY LOG

Date: _____

Name:

Weight:

Mood/Milestones:

TIME	FEEDING (SIDE/AMOUNT)	DIAPER (W/S)	SLEEP / ACTIVITY
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TIME	FEEDING (SIDE/AMOUNT)	DIAPER (W/S)	SLEEP / ACTIVITY
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DAILY TOTALS

Feedings: _____

Wet Diapers: _____

Soiled Diapers: _____

SUPPLIES NEEDED

NOTES & OBSERVATIONS