

# INFANT DAILY REPORT

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **ARRIVAL:** \_\_\_\_\_

**PARENT'S CORNER**

I LAST FED AT: \_\_\_\_\_

LAST NIGHT I SLEPT :

GREAT    OKAY    NOT WELL

INSTRUCTIONS OR GENERAL NOTES:

**TODAY, I WAS:**  HAPPY    PLAYFUL    CUDDLY    FUSSY    BUSY    TIRED

**DIAPER**

TIME	DIAPER TYPE			
	<input type="checkbox"/> DRY	<input type="checkbox"/> WET	<input type="checkbox"/> BOWEL MOVEMENT	<input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY	<input type="checkbox"/> WET	<input type="checkbox"/> BOWEL MOVEMENT	<input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY	<input type="checkbox"/> WET	<input type="checkbox"/> BOWEL MOVEMENT	<input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY	<input type="checkbox"/> WET	<input type="checkbox"/> BOWEL MOVEMENT	<input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY	<input type="checkbox"/> WET	<input type="checkbox"/> BOWEL MOVEMENT	<input type="checkbox"/> POTTY

**BOTTLE**

TIME	OUNCES	BOTTLE TYPE		
		<input type="checkbox"/> BREAST	<input type="checkbox"/> FORMULA	<input type="checkbox"/> MILK
		<input type="checkbox"/> BREAST	<input type="checkbox"/> FORMULA	<input type="checkbox"/> MILK
		<input type="checkbox"/> BREAST	<input type="checkbox"/> FORMULA	<input type="checkbox"/> MILK
		<input type="checkbox"/> BREAST	<input type="checkbox"/> FORMULA	<input type="checkbox"/> MILK
		<input type="checkbox"/> BREAST	<input type="checkbox"/> FORMULA	<input type="checkbox"/> MILK

**MEALS**

TIME	MEAL	AMOUNT

**SLEEP**

START	END

**ITEMS I NEED:**  DIAPERS    WIPES    CREAM    CLOTHES    BLANKET    OTHER

NOTES FOR MY PARENTS: