

babytalk daily diary

Keep track of your baby's eating and sleeping habits:

DATE: ___/___/___

WAKE-UP TIME: _____

DURATION OF FEEDING:

First breast: _____ minutes

Second breast: _____ minutes

Started on: left side right side

Bottle-feeding: _____ ounces

DIAPER DUTY:

Changed: yes no
 urine B.M.

YOUR BABY'S MOOD:

quiet but alert playful and alert
 cranky drowsy

AWAKE ACTIVITIES: _____

IF YOUR BABY WAS FUSSY:

How long she cried: _____ minutes

What was she doing just prior to crying? _____

Describe the sound of her cry: _____

What calmed her down? _____

Next signs of sleepiness: _____

What did you do to help her wind down? _____

TIME SHE FELL ASLEEP: _____

DATE: ___/___/___

WAKE-UP TIME: _____

DURATION OF FEEDING:

First breast: _____ minutes

Second breast: _____ minutes

Started on: left side right side

Bottle-feeding: _____ ounces

DIAPER DUTY:

Changed: yes no
 urine B.M.

YOUR BABY'S MOOD:

quiet but alert playful and alert
 cranky drowsy

AWAKE ACTIVITIES: _____

IF YOUR BABY WAS FUSSY:

How long she cried: _____ minutes

What was she doing just prior to crying? _____

Describe the sound of her cry: _____

What calmed her down? _____

Next signs of sleepiness: _____

What did you do to help her wind down? _____

TIME SHE FELL ASLEEP: _____