

NEWBORN CARE DIARY FOR EAT, SLEEP, CONSOLE

Baby's name:			Date:			_		Age:		
EAT				SLEEP			CONSOLE	Pee	Poop (please describe)	Extra comments/Care
Time of baby's feeding (start-finish)	Breast feeding (total # of minutes)	Bottle feeding (total # in mLs)	Did baby feed well? (If no, please describe)	Time when baby fell asleep	Time when baby woke up	Did baby sleep for more than an hour (if No, please describe)	Did baby console in 10 minutes? (if no please describe)	Y/N	Y/N	Please note anything you would like your health care provider to know.