



## Infant Care - Daily Information Sheet

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time In: \_\_\_\_\_

### PARENT/GUARDIAN: Please complete this section.

#### BEHAVIOR:

Baby Slept: \_\_\_\_\_ hours Woke up at: \_\_\_\_\_ a.m. Had a: [ ] good, [ ] restless night.  
Restlessness caused by: \_\_\_\_\_

General mood today: \_\_\_\_\_

EATING: Baby ate: \_\_\_\_\_ Time: \_\_\_\_\_ Appetite: [ ] normal  
Drank: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] below normal [ ] above normal

BOWEL MOVEMENT: [ ] Yes [ ] No

ANY SPECIAL REQUESTS FOR BABY TODAY: \_\_\_\_\_

### SDCA: Please complete this section.

EATING: Baby ate: _____	(breakfast) at: _____
Baby ate: _____	(snack) at: _____
Baby ate: _____	(lunch) at: _____
Baby ate: _____	(snack) at: _____

DRANK: _____	Amount: _____	Time: _____
_____	Amount: _____	Time: _____
_____	Amount: _____	Time: _____

NAPPED AT: \_\_\_\_\_ AM for \_\_\_\_\_ hours  
\_\_\_\_\_ PM for \_\_\_\_\_ hours

BOWEL MOVEMENT: Time: \_\_\_\_\_ Stool was: \_\_\_\_\_  
Time: \_\_\_\_\_ Stool was: \_\_\_\_\_

GENERAL: Baby's day was: \_\_\_\_\_

Comments: \_\_\_\_\_