

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DAILY FOOD AND SYMPTOM DIARY

ORDER FROM: THE LACTATION PROGRAM  
 ANI Saint Luke's Hospital  
 501 East 19th Avenue  
 (303) 869-1891  
 Denver, Colorado 80201

Time Interval	Actual Time	Minutes per Feed	B	L	Other Infant Intake	Mother's Food & Fluid Intake	Infant Symptoms - Behavior & Physical
12 - 1 am							
1 - 2 am							
2 - 3 am							
3 - 4 am							
4 - 5 am							
5 - 6 am							
6 - 7 am							
7 - 8 am							
8 - 9 am							
9 - 10 am							
10 - 11 am							
11 - 12 pm							
12 - 1 pm							
1 - 2 pm							
2 - 3 pm							
3 - 4 pm							
4 - 5 pm							
5 - 6 pm							
6 - 7 pm							
7 - 8 pm							
8 - 9 pm							
9 - 10 pm							
10 - 11 pm							
11 - 12 mid							
24 Hour Total							

Scale: 1 = asleep  
 2 = awake or quiet  
 3 = slightly fussy  
 4 = consolable crying  
 5 = unconsolable crying

U = Urination (wet diapers) - please note amount and color in "Comments"  
 S = Stool (dirty diapers) - please note amount and color in "Comments"