Daily Activity Log

Date:

Feedings			Diaper				Medication			
Time	Amount	Type of Food	Time	Bowel Movement	Urination	Comments	Time	Name	Strength	Dose

What do I want to remember about today: _____

_____

_____

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This publication was developed in part with funding from the Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB)/Division of Services for Children with Special Health Care Needs (DSCSHN) through Grant# H84MC07942

And in part with grants from Dignity Health for the Smooth Way Home Project with Feeding Matters, Southwest Human Development Easter Seals, and Raising Special Kids. For information on this NICU Parent Resource Manual, contact Raising Special Kids at 1-800-237-3007 or at info@raisingspecialkids.org