

Infant Complete Daily Schedule:

Time	SLEEP			FEEDING TYPE		BREASTFEEDING (min)				DIAPERING		Time	ACTIVITIES	REMARKS	
	Sleep	Sleep Duration (min)	Remarks	Time	Breastmilk/ Formula	Amount (ml)	Breast Side	Left breast	Right breast	Total	Wet Nappy				Soiled Nappy
05:00				05:00									05:00		
05:30				05:30									05:30		
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	TOTAL		minutes												
			hour			ml					min				