Baby's name: .....

Baby's age: .....

Current milk used (e.g. breastmilk/ formula/ combination): .....

Aptaclub

BABY SYMPTOM DIARY

Date	Nutrition activity		Symptom(s) description and intensity (1-10) (1 = very low, 10 = extremely intense) e.g. breastfed for 20 mins	What time did the symptom(s) start and end?	What did you do to alleviate the symptoms?	Comments
	Food type	Volume/duration (if relevant)				
e.g. 01/01/20	e.g. Breastmilk or formula milk	e.g. Breastfed for 20mins	e.g. Diarrhoea - 4	e.g. Diarrhoea - 3pm - 7pm	e.g. Tummy massage	e.g. Started weaning 2 days ago