



Date:

M T W T F S S

THE Baby SYMPTOM TRACKER

This 24-hour diary for symptoms is designed to aid parents / caregivers in keeping track of baby's symptoms when the baby has feeding issues or crying-related symptoms. Using this tracker to keep an accurate record of a baby's symptoms / events and sharing it with a healthcare professional may help with accurate diagnosis.

Tick the boxes or input information for relevant symptoms as they occur.

The Health Warning section below lists symptoms that are more serious and require urgent care. Please read this first to see if your baby is experiencing any of them.



NAME:

AGE:

DOB:

GENDER:

WEIGHT:



POO

CONSISTENCY

TIME	LOOSE	SOFT	HARD
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FEEDING

Amount or type e.g. 4oz or 120ml of formula or teaspoon of carrot puree

TIME	BREAST MILK	FORMULA	FOOD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



MEDICATION



SIGNS OF PAIN

TIME	FACIAL EXPRESSION	PULLING KNEE TO CHEST	GRUNTING
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>



REFLUX

Bringing up milk during or soon after feeds.

TIME

_____	_____	_____
_____	_____	_____

HEALTH WARNING +

If your baby shows any of the symptoms below, please seek medical attention immediately. Cessation of growth or weight gain as indicated by your healthcare professional, breathing difficulties, fever, retching or projectile vomiting, blood or yellow colouring in their vomit, blood in their poo, abnormal body spasms, a rash that remains clear even when pressed under a glass, puffy face or pale/ashen blue skin, unwillingness to feed, unresponsive, difficult to keep awake or more sleepy than usual, stiffened or going floppy, abnormal body spasms.



CRYING

TIME OF CRY	LENGTH OF CRY	CONSOLABLE	INCONSOLABLE
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>



NOTES

For anything else that is relevant e.g. wind, change in appetite etc.