



## **Welcome to the Parenting Genie Sleep, Feed, and Nappy Tracker!**

A simple, PDF-fillable solution designed to help you effortlessly monitor your baby's sleep, feeding, and nappy changes. Here's how it works:

### **Sleep Tracking:**

- **Record Sleep Times:** Mark when your baby sleeps and wakes, including nap and nighttime sleep.
- **Monitor Sleep Quality:** Note disturbances or awakenings.
- **Observations:** Space for notes on sleep patterns and habits

### **Feeding Management:**

- **Track Feeding Times:** Tick off breastfeeding and bottle-feeding sessions.
- **Amount or Duration:** Record how much milk is consumed or the length of each feed. The duration of breastfeeding can be documented in the notes section.
- **Feeding Reminders:** Option to set reminders for the next feeding to keep nutrition on track

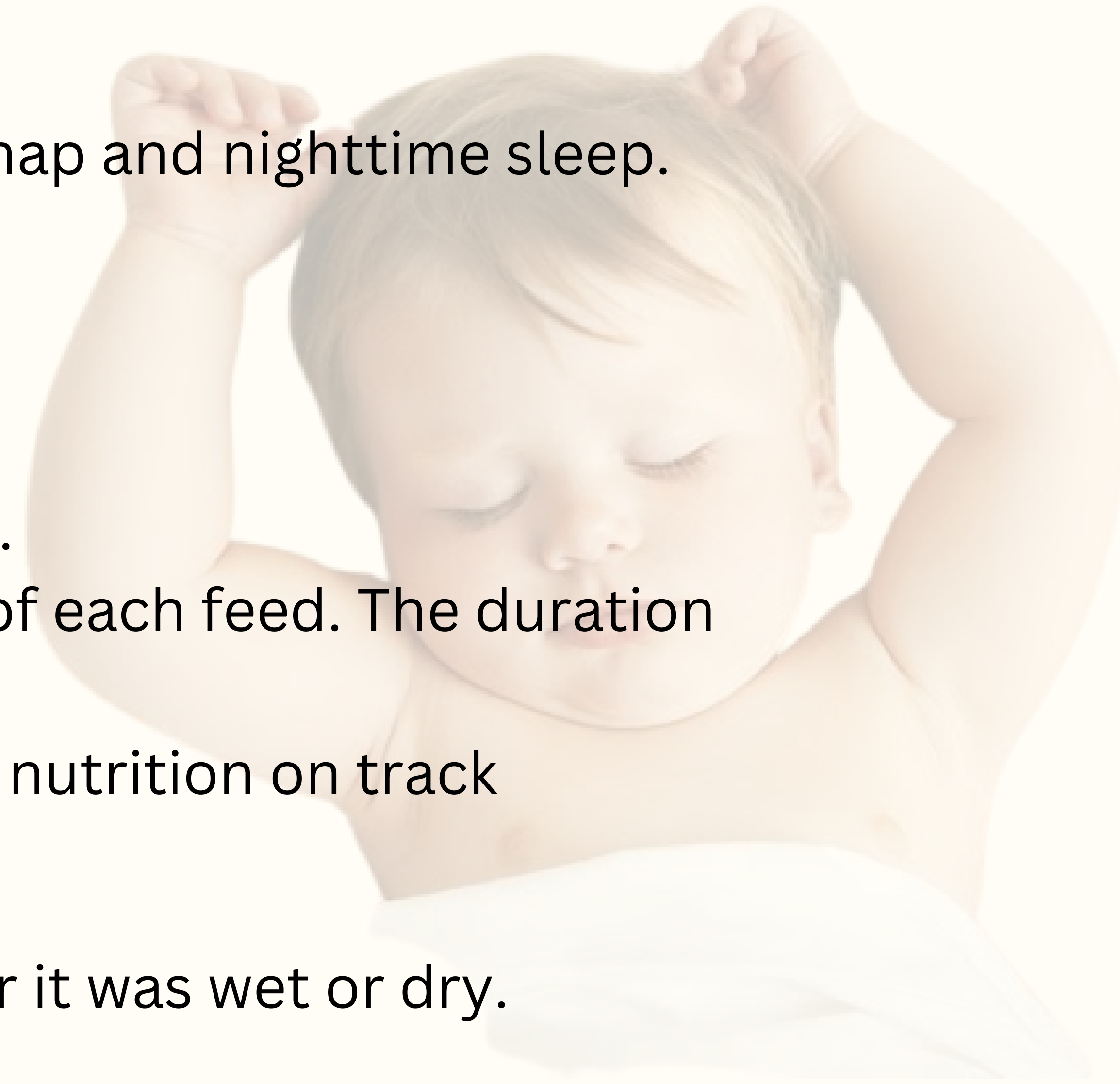
### **Nappy Change Schedule**

- **Log Every Change:** Tick each nappy change, noting the time and whether it was wet or dry.
- **Observations:** Additional notes on color, consistency, or any concerns.

### **This tracker is designed to be:**

- **User-Friendly:** Easy to fill out, even during those sleep-deprived nights.
- **Informative:** Helps you understand and adapt to your baby's needs.
- **Convenient:** A simple PDF format that you can access on any device or print for a physical copy.








Embrace each moment of parenting with a little help from the Parenting Genie Team. Happy Parenting



BABY SLEEP FEED AND NAPPY TRACKER

MONDAY








DATE

TIME 	BREASTFEED 		BOTTLE FEED 	WET 	DRY	SLEEPING 	UNSETTLED 	NOTES 
	Left	Right						
Midnight			ML					
1 am			ML					
2 am			ML					
3 am			ML					
4 am			ML					
5 am			ML					
6 am			ML					
7am			ML					
8am			ML					
9am			ML					
10 am			ML					
11 am			ML					
Noon			ML					
1 pm			ML					
2 pm			ML					
3 pm			ML					
4 pm			ML					
5 pm			ML					
6 pm			ML					
7 pm			ML					
8 pm			ML					
9 pm			ML					
10 pm			ML					
11 pm			ML					
TOTAL ML PER DAY								








BABY SLEEP FEED AND NAPPY TRACKER

TUESDAY

DATE

TIME 	BREASTFEED 		BOTTLE FEED 	WET 	DRY	SLEEPING 	UNSETTLED 	NOTES 
	Left	Right						
Midnight	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noon	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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7 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL ML PER DAY								

DATE








TIME 	BREASTFEED 		BOTTLE FEED 	WET 	DRY	SLEEPING 	UNSETTLED 	NOTES 
	Left	Right						
Midnight	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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9am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noon	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL ML PER DAY								










BABY SLEEP FEED AND NAPPY TRACKER

THURSDAY

DATE

TIME 	BREASTFEED 		BOTTLE FEED 	WET 	DRY	SLEEPING 	UNSETTLED 	NOTES 
	Left	Right						
Midnight	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 am	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noon	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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5 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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7 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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9 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 pm	<input type="checkbox"/>	<input type="checkbox"/>	ML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL ML PER DAY								





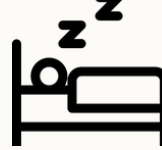


DATE

TIME 	BREASTFEED 		BOTTLE FEED 	WET 	DRY	SLEEPING 	UNSETTLED 	NOTES 
	Left	Right						
Midnight			ML					
1 am			ML					
2 am			ML					
3 am			ML					
4 am			ML					
5 am			ML					
6 am			ML					
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Noon			ML					
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8 pm			ML					
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10 pm			ML					
11 pm			ML					
TOTAL ML PER DAY			ML					

BABY SLEEP FEED AND NAPPY TRACKER

SATURDAY





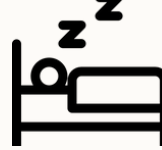


DATE

TIME 	BREASTFEED 		BOTTLE FEED 	WET 	DRY	SLEEPING 	UNSETTLED 	NOTES 
	Left	Right						
Midnight			ML					
1 am			ML					
2 am			ML					
3 am			ML					
4 am			ML					
5 am			ML					
6 am			ML					
7am			ML					
8am			ML					
9am			ML					
10 am			ML					
11 am			ML					
Noon			ML					
1 pm			ML					
2 pm			ML					
3 pm			ML					
4 pm			ML					
5 pm			ML					
6 pm			ML					
7 pm			ML					
8 pm			ML					
9 pm			ML					
10 pm			ML					
11 pm			ML					
TOTAL ML PER DAY			ML					

BABY SLEEP FEED AND NAPPY TRACKER

SUNDAY

DATE

TIME 	BREASTFEED 		BOTTLE FEED 	WET 	DRY	SLEEPING 	UNSETTLED 	NOTES 
	Left	Right						
Midnight			ML					
1 am			ML					
2 am			ML					
3 am			ML					
4 am			ML					
5 am			ML					
6 am			ML					
7am			ML					
8am			ML					
9am			ML					
10 am			ML					
11 am			ML					
Noon			ML					
1 pm			ML					
2 pm			ML					
3 pm			ML					
4 pm			ML					
5 pm			ML					
6 pm			ML					
7 pm			ML					
8 pm			ML					
9 pm			ML					
10 pm			ML					
11 pm			ML					
TOTAL ML PER DAY			ML					