

PRINTABLE + TABLET FRIENDLY

Little Log

6–12 Month Daily Pack

- **Daily Log** Milk, solids, naps, diapers & mood on one page
- **Solids Tracker** New foods, allergens & reactions — one place
- **Weekly Nap Plan** See patterns across the week
- **Caregiver Handover** Hand to nanny, partner, or grandparent
- **Peds Visit Prep** Questions & notes ready before the appointment
- **Notion CSV Pack** Paste into Notion if you prefer digital

Made for the 6–12 month stretch

Solids are starting, naps are shifting, and nobody remembers what happened at 2pm yesterday. This pack keeps a calm paper record — print it, use it in GoodNotes / Notability, or fill by hand. One baby. One binder. Less phone time.

US Letter · Print as many copies as you need for personal use

Not medical, nutrition, or sleep advice — talk to your pediatrician for care decisions.

littlelog · Instant digital download

How to use this pack

Print · tablet · or photocopy extras

1. Print or import

Print on US Letter paper, or import the PDF into GoodNotes, Notability, or any PDF annotation app on iPad. Leave a stack by the feeding chair or on the fridge.

2. Daily Log (use every day)

One page = one day. Log milk (breast / bottle / oz or min), solids tried, naps, diapers (W = wet, D = dirty), mood, and a quick note. Circle AM / PM as needed.

3. Solids Introduction Tracker

When you offer a new food, write the date, food, texture, how much, and any reaction. Useful for allergen introduction and pediatrician questions.

4. Weekly Nap & Routine

At week's end, sketch nap windows and bedtime. Patterns jump out on paper.

5. Caregiver Handover

Fill once, update as needed. Hand to a partner, nanny, or grandparent.

6. Pediatrician Visit Prep

Jot questions and recent concerns the night before — no more blank mind in the lobby.

Gentle reminder

Every baby is different. This pack is for organization and memory — not a diagnosis tool, feeding plan, or sleep-training method. Always follow your pediatrician's guidance.

Daily Log

Milk · solids · naps · diapers · mood

Date: _____ Day: ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S Caregiver: _____

MILK / BOTTLE / NURSING

TIME	TYPE (breast / bottle / formula)	SIDE	MIN / OZ	NOTES	BY

SOLIDS

TIME	FOOD + TEXTURE	AMOUNT	LIKED?	REACTION / NOTES

NAPS & NIGHT SLEEP

START	END	WHERE	HOW FELL ASLEEP	WAKE NOTES

DIAPERS (tick W = wet · D = dirty)

Morning

☐ W ☐ W ☐ W ☐ W
☐ D ☐ D ☐ D ☐ D

Afternoon

☐ W ☐ W ☐ W ☐ W
☐ D ☐ D ☐ D ☐ D

Evening / Night

☐ W ☐ W ☐ W ☐ W
☐ D ☐ D ☐ D ☐ D

MOOD & NOTES

☐ Calm ☐ Happy ☐ Fussy ☐ Teething? ☐ Tired ☐ Other:

Daily Log

Milk · solids · naps · diapers · mood

Date: _____ Day: ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S Caregiver: _____

MILK / BOTTLE / NURSING

TIME	TYPE (breast / bottle / formula)	SIDE	MIN / OZ	NOTES	BY

SOLIDS

TIME	FOOD + TEXTURE	AMOUNT	LIKED?	REACTION / NOTES

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START	END	WHERE	HOW FELL ASLEEP	WAKE NOTES

DIAPERS (tick W = wet · D = dirty)

Morning

☐ W ☐ W ☐ W ☐ W
☐ D ☐ D ☐ D ☐ D

Afternoon

☐ W ☐ W ☐ W ☐ W
☐ D ☐ D ☐ D ☐ D

Evening / Night

☐ W ☐ W ☐ W ☐ W
☐ D ☐ D ☐ D ☐ D

MOOD & NOTES

☐ Calm ☐ Happy ☐ Fussy ☐ Teething? ☐ Tired ☐ Other:

Daily Log

Milk · solids · naps · diapers · mood

Date: _____

Day:

M

T

W

T

F

S

S

Caregiver: _____

MILK / BOTTLE / NURSING

TIME	TYPE (breast / bottle / formula)	SIDE	MIN / OZ	NOTES	BY

SOLIDS

TIME	FOOD + TEXTURE	AMOUNT	LIKED?	REACTION / NOTES

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☐ W

☐ D

☐ W

☐ D

☐ W

☐ D

☐ W

☐ D

Afternoon

☐ W

☐ D

☐ W

☐ D

☐ W

☐ D

☐ W

☐ D

Evening / Night

☐ W

☐ D

☐ W

☐ D

☐ W

☐ D

☐ W

☐ D

MOOD & NOTES

☐ Calm

☐ Happy

☐ Fussy

☐ Teething?

☐ Tired

☐ Other:

Solids Introduction Tracker

New foods · allergens · reactions

Baby name: _____ Month/age: _____

Tip: Introduce one new food at a time when possible. Note any rash, vomiting, swelling, or breathing changes and contact your pediatrician or emergency services if needed.
Common allergens to discuss with your doctor: peanut, egg, dairy, wheat, soy, fish, shellfish, sesame, tree nuts.

DATE	FOOD	TEXTURE	AMT	LIKED	ALLERGEN?	REACTION / NOTES

Liked: Y / N / meh · Allergen?: Y / N / maybe · Photocopy this page as your solids list grows.

Solids Introduction Tracker

New foods · allergens · reactions

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DATE	FOOD	TEXTURE	AMT	LIKED	ALLERGEN?	REACTION / NOTES

Liked: Y / N / meh · Allergen?: Y / N / maybe · Photocopy this page as your solids list grows.

Weekly Nap & Routine Sheet

Spot patterns across 7 days

Week of: _____ Typical wake window goal: _____

DAY	Wake	AM nap	Midday	PM nap	Evening	Bedtime	Night wakes
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

WHAT WORKED THIS WEEK

WHAT TO TRY NEXT WEEK

Write times in each cell (e.g. 9:30–10:45). Night wakes: count or jot times.

Caregiver Handover Sheet

For nanny · partner · grandparent · daycare

Baby's name: _____ Age / DOB: _____

Date: _____ Primary contact phone: _____

TODAY'S SCHEDULE

MILK: HOW / HOW MUCH / WHEN

SOLIDS: WHAT IS OK TODAY

NAPS: USUAL WINDOWS & HOW BABY FALLS ASLEEP

COMFORT ITEMS / CUES

ALLERGIES / FOODS TO AVOID

MEDICATIONS (DOSE · TIME · BY WHOM)

EMERGENCY CONTACTS

Pediatrician Visit Prep

Fill the night before — take this with you

Appointment date: _____ Doctor / clinic: _____ Baby age: _____

RECENT NUMBERS (if you have them)

Weight: _____

Length / height: _____

Head circ: _____

Last fever date: _____

MY QUESTIONS (don't forget these)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

CONCERNS SINCE LAST VISIT

WHAT THE DOCTOR SAID / NEXT STEPS

Bring: insurance card, vaccine record, this sheet, and a snack for you. You are doing great.

This page does not replace professional medical advice.

Weekly Overview

Totals & patterns for your own notes

Week of: _____

Day	Milk oz/min	Solids #	Naps #	Nap hrs	Night wakes	Diapers W/D	Mood
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
TOTAL							

PATTERN NOTES

Optional: bring a photo of this page to your pediatrician if they ask about intake or sleep.