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| Day | Time (start) | How long? (mins) | Woke up alone (x) |  | Breastfeeding | | notes | position | throw up | used tools | Formula? | Bottle? | Pacifier? | Digestion | | | | Temperature (if necessary) | Contact | |
| No (#) | left | right | Urine | Stool | Gas | notes | skin-to-skin | clothed |
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