



munchkin report

name _____ date _____

I was

- happy sweet
- sad sensitive
- quiet silly

while I was here...

I drank

when _____ how much _____
 when _____ how much _____
 when _____ how much _____

I slept

when _____ how long _____
 when _____ how long _____
 when _____ how long _____

I ate

what _____	when _____	<input type="checkbox"/> yummy	<input type="checkbox"/> so-so	<input type="checkbox"/> yucky
what _____	when _____	<input type="checkbox"/> yummy	<input type="checkbox"/> so-so	<input type="checkbox"/> yucky
what _____	when _____	<input type="checkbox"/> yummy	<input type="checkbox"/> so-so	<input type="checkbox"/> yucky

I had fun

I went

<input type="checkbox"/> wet	<input type="checkbox"/> dirty	when _____
<input type="checkbox"/> wet	<input type="checkbox"/> dirty	when _____
<input type="checkbox"/> wet	<input type="checkbox"/> dirty	when _____

I need

diapers wipes
 clothes formula
 other _____