



# BUDS (Bowel, Urination, Diet & Sleep) RECORD SHEET for (Name) \_\_\_\_\_

Your ISR Instructor will show you how to complete this form.

Please use the following symbols to complete the BUDS SHEET for each day indicated. See Example >>>>

- B** Above the sleep-time line to indicate a **bowel movement**, circle the B if something was unusual about it.
  - U** Above the sleep-time line to indicate **urination**, circle the U if something was unusual about it.
  - DRAW A LINE through the **sleep-time** line to indicate any periods your child was asleep.
  - b** Under the sleep-time line to indicate when he or she ate **breakfast**
  - l** Under the sleep-time line to indicate when he or she ate **lunch**, **s** to indicate any **snack**
  - d** Under the sleep-time line to indicate when he or she ate **dinner**
- In the 3 lines below the sleep-time line indicate all foods and beverages consumed.**

B	U
<del>30</del> -6	30 7 30 8 30 9 30
	b
<u>Cereal / Banana / white grape J</u>	

Sunday Date \_\_\_\_\_ Instructor initial here \_\_\_\_\_

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

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Monday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

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Monday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Tuesday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

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Tuesday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Wednesday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

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Wednesday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Thursday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

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Please record any additional notes about the weekend here ... \_\_\_\_\_

Special BUDS Notations – Please review these with the instructor

- DR** Above the sleep line for a **medical appointment**
- \*** Above the sleep-time line to indicate the time when any **injury** was sustained
- M** Above the sleep-time line to indicate any **medication** that was given. Identify it within the 3 diet lines using parentheses.
- F** Above the sleep-time line to indicate when a **fever** was noticed and a circled F when the fever was gone.
- V** Above the sleep-time line to record when a **vomiting** episode occurred, circle the V for a spit-up episode
- R** Above the sleep-time line to indicate when a **skin rash** was noticed.
- <>** Above the line to show when the child was **not with you** directly (day care, mom’s day out, baby sitter etc.)
- ^^** Above the time line for any period the child was **in the water** other than in ISR lessons

For the “At lessons today” items, circle what is being learned and underline what was practiced.

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Please record any additional notes about the weekend here ... \_\_\_\_\_

I understand it is my responsibility to provide accurate information for the safety of my child during ISR lessons. The information above is true and correct to the best of my knowledge.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_