

## 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**
- 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 30-6 30 7 30 8 30 9 30 b

Cereal / Banana / white grape J

Sunday Date	Instructor initial here
<b>12</b> 30 <b>1</b> 30 <b>2</b> 3	30 <b>3</b> 30 <b>4</b> 30 <b>5</b> 30 <b>6</b> 30 <b>7</b> 30 <b>8</b> 30 <b>9</b> 30 <b>10</b> 30 <b>11</b> 30 <b>NOON</b> 30 <b>1</b> 30 <b>2</b> 30 <b>3</b> 30 <b>4</b> 30 <b>5</b> 30 <b>6</b> 30 <b>7</b> 30 <b>8</b> 30 <b>9</b> 30 <b>10</b> 30 <b>11</b> 30
Monday Date	POOL TEMPERATURE F The lesson was minutes today Instructor initial here
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	Monday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5
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	Friday: Float Rollback Wall work Swim Flipovers Swim/Float/Swim Sequence Clothes 1 2 3 4 5
Please record any ad	lditional 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.

Sunday Date	_				Instructor initial here
<b>12</b> 30 <b>1</b> 30 <b>2</b> 30	<b>3</b> 30 <b>4</b> 30 <b>5</b> 30 <b>6</b> 30	0 <b>7</b> 30 <b>8</b> 30 <b>9</b> 30 <b>10</b> 3	30 <b>11</b> 30 <b>NOON</b>	30 <b>1</b> 30 <b>2</b> 30 <b>3</b> 30 <b>4</b> 30 <b>5</b>	5 30 <b>6</b> 30 <b>7</b> 30 <b>8</b> 30 <b>9</b> 30 <b>10</b> 30 <b>11</b> 30
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Please record any add	itional notes about the	e weekend here			
I understand it is my res of my knowledge.	sponsibility to provide a	accurate information for	the safety of my chi	ld during ISR lessons. The in	formation above is true and correct to the best
Parent or C	Guardian			Date	