

COMPANION KIT · CHAPTER 2

My Bloating & Gas Toolkit

A 2-week plan, a practical checklist and a daily diary for bloating and gas, with a food-observation page that changes one thing at a time and a page to review how it went. Print it, or fill it in on screen.

Start
Read the safety notes on the first page.

Track
Follow the plan and fill in the diary each day.

Review
Use the last page to decide what to do next.

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My Bloating & Gas Toolkit

For adults. General information and diary pages to use alongside advice from your own doctor, nurse or pharmacist. Never stop or change a prescribed medicine without the prescriber's agreement. Read the safety page before using this workbook.

EMERGENCY NOW

Heavy or nonstop bleeding, large clots, collapse or sudden severe abdominal pain need emergency care. Call your local emergency number.

SEEK PROMPT ASSESSMENT

Blood or black/tarry stool, unexplained weight loss, persistent vomiting, trouble swallowing, fever with pain, night-waking symptoms, anaemia or a new persistent bowel change need medical assessment. Mention a family history of bowel or ovarian cancer.

DO NOT MISS PERSISTENT BLOATING

Frequent or persistent bloating, especially after age 50, with early fullness, pelvic pain or more frequent urination needs a doctor, not a longer food trial.

BEFORE CHANGING FOODS

Keep eating gluten until coeliac testing is discussed. A full low-FODMAP diet is a temporary dietitian-supported process, not a lifetime restriction. Pregnancy, regular medicines and herbal products require pharmacist checks. Peppermint can worsen reflux.

My main question / professional already involved

A 2-week plan

HOW TO USE THIS PLAN

Choose the steps that suit you. You do not need to do all of them.

Days 1–3 · Observe

Start the diary. Eat slowly and seated. Reduce swallowed air from gum and fizzy drinks. Try a comfortable gentle walk and slow, unforced breathing.

Days 4–7 · Choose one change

Use the chapter to discuss a limited trigger-food trial if appropriate. Avoid broad food bans. If constipated, ask a pharmacist about suitable fibre, instructions and fluids rather than guessing a teaspoon dose.

Days 8–14 · Continue gently

Continue helpful steps. Add a comfortable relaxation practice if suitable. Ask a pharmacist before peppermint or other remedies, especially with reflux or prescribed medicines.

Day 15 · Review

Compare morning and evening symptoms. A pattern does not prove a cause. Discuss ongoing symptoms with your doctor or dietitian; bring foods back rather than keeping an unnecessarily restricted diet.

The one step I choose first

Review date and who I will contact if needed

My practical checklist

Tick what you have done and note what to do next.

- [ ] I have checked the red flags, and none apply (or I have seen my doctor)
- [ ] I eat sitting down and take about 20 minutes over a meal
- [ ] I have stopped chewing gum, sugar-free mints and fizzy drinks
- [ ] I walk for 10 to 15 minutes after my main meals
- [ ] I practise diaphragmatic breathing three times a day
- [ ] I have tried cutting the big three triggers for two weeks
- [ ] If using fibre or psyllium, I have confirmed suitability, dose, water and medicine-spacing instructions with the leaflet or pharmacist, and will build gradually.
- [ ] I do a daily gut-directed relaxation
- [ ] I keep a bloating diary and reviewed it on day 15

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Today

Date

Bloating score on waking (0 to 10)

Bloating score in the evening (0 to 10)

Visible swelling (yes or no)

Bowel movement and stool type (1 to 7)

Stress level (0 to 10)

Hours of sleep

Notes: what helped, what made it worse

What I ate and drank

Breakfast

Lunch

Dinner

Snacks and drinks

Steps practised

Slow meals

Walk after meals

Diaphragmatic breathing

Trigger foods avoided

Fibre

Gut-directed relaxation

Overview · days 1–14

A short summary of your diary. Leave a gap on days you do not record.

Scores are your own notes. A pattern here cannot show a food intolerance, a medicine effect or an IBS type.

Day / date	AM bloating 0–10	PM bloating 0–10	Bowel / stool reference	Change / context
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

What helped, what was difficult, and what else might explain a change?

One-change food observation

Change one food or habit, then note what happens.

My question

Which single change am I observing, and why?

Before I begin

Usual food or habit, symptoms and any professional advice.

During the trial

Food, amount and time; bowel pattern, sleep and stress alongside symptoms.

Bringing it back

Agreed reintroduction date, what I tried and what I noticed.

My next question

What is still unclear? What will I ask about?

Review and next steps

Warning signs always need earlier care.

What changed, if anything?

Compare similar days and note gaps; no improvement is also useful information.

What might explain it?

Food, stress, sleep, medicines, timing and natural variation may overlap.

What I will keep or stop recording

Choose a manageable routine; stop burdensome tracking or a practice that causes distress.

What needs a professional conversation?

Questions, care contact, agreed action and follow-up date.