

COMPANION KIT

Complete Reader Kit

Every toolkit, planner and guide in the Companion Kit in one file. Each has its own bookmark, so you can jump to the one you need.

INSIDE

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Whatever the problem

- Gut Health Starter
- Seven-Day Gut Diary
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- Healthcare Visit Planner
- 28-Day Gut Health Roadmap
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- Everyday Fibre Guide
- Gentle Practice Guide



STARTER PACK

My Gut Health Starter Toolkit

Find the chapter that fits your main symptom, learn to read the evidence label, and choose one change to begin with.

INSIDE

01 Start with your question

02 Read the evidence label

03 One change, and my notes

Start with your question

Find the chapter that fits your main symptom.

BEFORE SELF-HELP

Blood or black/tarry stool, unexplained weight loss, new persistent bowel changes, repeated vomiting, swallowing difficulty, fever with pain or night-waking symptoms need medical assessment. Sudden severe pain, heavy bleeding, collapse or concerning chest pain need emergency care.

Bloating or visible swelling

Bloating and Gas

Hard stools, straining or incomplete emptying

Constipation and Sluggish Bowels

Pain, urgency or unpredictable bowels

IBS: Pain, Urgency and Unpredictable Bowels

Stress, worry or low mood alongside gut symptoms

Low Mood, Anxiety and Stress; Sleep and Stress

Symptoms during or after antibiotics

Repairing Your Gut After Antibiotics

A food-based starting point without a specific symptom

Fibre and the 30-Plant Week

My question / chapter to read first

Read the evidence label

Each label applies to one claim about one outcome.

STRONG

Several good randomised trials confirmed in meta-analyses for treatments. Strong basic biology does not establish a treatment benefit.

MODERATE

At least one good randomised trial or several smaller trials pointing the same way. Read any low-certainty or observational qualification.

EARLY

Preliminary human findings, small/laboratory/animal studies or plausible traditional use. Not proof of benefit for your symptom.

EXPERT ADVICE

Guidance based on specialist experience rather than a tested treatment schedule. A practical worksheet can be useful without being a clinical trial.

NOT SUPPORTED

Tested and found not to help, or advised against by specialists. It does not mean every unanswered question has been disproved.

Mechanism ≠ symptom relief. Association ≠ causation. A diary ≠ a diagnosis. Source: Your Gut in Ten Minutes, lines 143–168; How to Use This Manual.

One change, and my notes

You do not need to complete every workbook.

My main concern

What would I like to understand or make easier?

Safety and support first

What should I ask a doctor, pharmacist or dietitian before trying a change?

One manageable step

What can I realistically try from the relevant chapter?

A short observation window

What will I note, and when will I review?

A useful question at review

What remains uncertain? Who can help me decide?



STARTER PACK

My Seven-Day Gut Diary

A seven-day diary, a one-page overview and a reusable daily page, to see what changes together.

INSIDE

01 My seven-day diary

02 My seven-day overview

03 A reusable daily page

My seven-day diary

A simple diary to use before you choose a topic toolkit.

WHAT YOUR DIARY CAN TELL YOU

Record what matters to you. You do not need to weigh foods, count calories or exclude foods. A pattern cannot prove intolerance, IBS, an allergy or a medicine side effect.

WHEN NOT TO WAIT

Get medical assessment for blood/black stool, unexplained weight loss, persistent vomiting, trouble swallowing, fever with pain, night-waking symptoms or new persistent bowel changes. Sudden severe pain, major bleeding, collapse or concerning chest pain need emergency care.

Choose your own score anchor

For a symptom score, use 0 = none and 10 = your worst imaginable symptom. Keep the same symptom and scale all week. Stop tracking if it becomes distressing.

Symptom I want to observe

For example bloating, pain or urgency; keep the same focus.

Other context worth recording

Meals/times, stool, sleep or stress; keep it manageable.

My review date / care contact

Seek help sooner when warning signs apply.

My seven-day overview

Use plain words where a number does not help.

Day / date	Food / drink and timing	Main symptom 0–10 / time	Bowel / stool observations	Sleep / stress / other context
1				
2				
3				
4				
5				
6				
7				

What I want to ask at review

A reusable daily page

Print this page whenever you need more room.

Date, symptom and timing

What happened, when and how strong?

Meals and drinks

What and approximately when; amounts only if helpful.

Bowel observations

Frequency, stool description, straining or urgency; no subtype diagnosis.

Sleep, stress, movement and medicines

Record relevant context and prescribed changes, never self-experiment by stopping doses.

What helped / question to take forward

Other explanations, what remains unclear and who to ask.



STARTER PACK

My Plant Variety Tracker

Keep count of the different plants you eat in a week, with extra space for variety.

INSIDE

01 Different plants, once a week

02 More space for variety

Different plants, once a week

Write down each different plant food you eat in a week.

THE BOOK'S INFORMAL COUNTING RULES

Write each different plant food once per week. Vegetables, fruit, beans, lentils, wholegrains, nuts, seeds, herbs and spices can count. Tinned, frozen and dried foods count. Repeated servings do not add more points.

Thirty plants a week comes from early research. It is not proven to be better than twenty or twenty-five. Use the same names each week. Build up gradually, at a pace your gut can manage.

Week beginning / my usual starting variety

Plant food · one name per row	Seen this week / notes

More space for variety

Carry on with the same weekly list. Use as many rows as you need.

Plant food · one name per row	Seen this week / notes

What I enjoyed, what suited me and one possible next plant



STARTER PACK

My One-Habit Tracker

Choose one habit to try, track it through the week, then look back.

INSIDE

01 Choose one habit

02 Look back on your week

Choose one habit

Track one habit each week. Print a new page when you need one.

CHOOSE A SUITABLE HABIT

Pick one step from a chapter you have read, after its safety guidance. If you miss a day, just carry on.

My habit and why it matters

Something practical: a slow meal, gentle walk, meal-planning step or suitable pause.

When and where it fits

A cue I already have, and what a smaller version looks like.

What might get in the way

One realistic fallback and who could support me.

Day	What I tried	What made it easier / harder
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

Look back on your week

Keep what works. Change what does not.

What was manageable?

Include partial efforts and useful support.

What did I notice?

Comfort, energy, mood or practical ease, without claiming causation.

What was too much?

A smaller step, a different time or professional help may be appropriate.

One kind sentence to myself

Write as you would to someone you care about.

Next week

Keep, adapt or pause; I do not need a perfect streak.



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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 One-change food observation
07 Review and next steps

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?

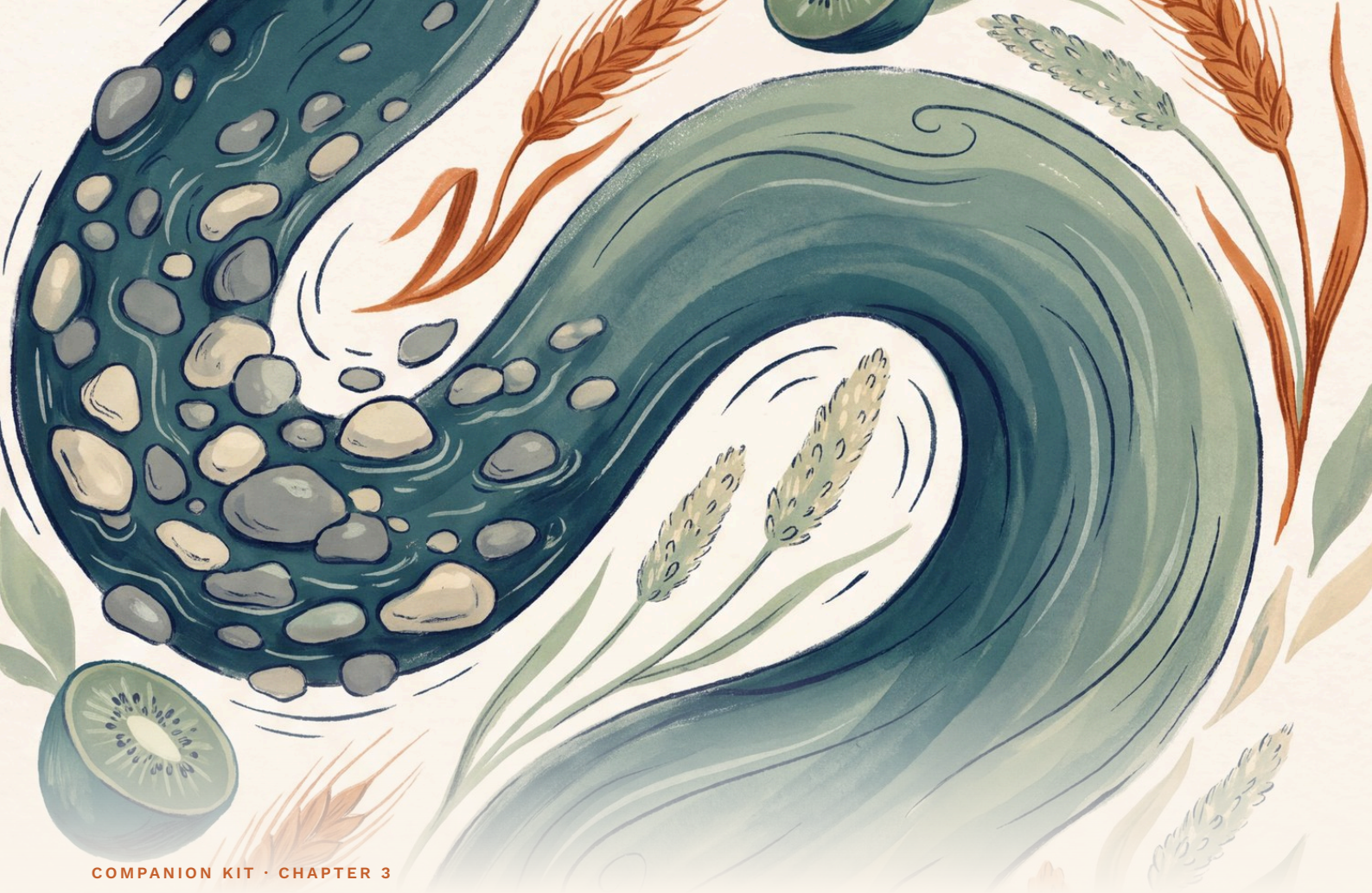
Food, stress, sleep, medicines, timing and natural variation may overlap.

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.



COMPANION KIT · CHAPTER 3

My Constipation Toolkit

A 2-week plan, a practical checklist and a daily diary for constipation, with a page to prepare for a conversation about your bowels 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.

INSIDE

01 Safety notes and my main question

02 A 2-week plan

03 My practical checklist

04 My repeatable diary

05 Overview · days 1–14

06 My bowel-care conversation

07 Review and next steps

My Constipation 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 rectal bleeding, large clots, collapse or sudden severe abdominal pain require emergency care.

GET MEDICAL ADVICE

Urgent advice for black/dark-red stool or bloody diarrhoea. See a doctor for persistent constipation, recurrent pain/bloating, blood, unexplained weight loss, tiredness, sudden bowel changes or medicine-related constipation.

USING FIBRE AND LAXATIVES SAFELY

Follow the product leaflet and pharmacist's advice. Psyllium needs the specified water and medicine spacing. Discuss swallowing problems, past blockage or narrowed bowel first. Ask before laxatives in pregnancy or with heart/kidney disease, IBD or opioid use.

IF LAXATIVES DO NOT HELP

Do not strain hard or sit for long. OTC laxatives are not an open-ended self-treatment: seek advice if they do not help after three days, and do not continue unsupervised beyond seven days. Soft stool with straining/blockage may need specialist assessment.

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 · Make space for routine

Record bowel movements and straining. Allow an unhurried toilet opportunity after breakfast, respond to the urge, and use a suitable footstool if comfortable. Move and drink regularly within your care plan.

Days 4–7 · Discuss a tolerable fibre step

Choose a gradual change from the chapter. If using psyllium, confirm dose, water and medicine-spacing instructions with the leaflet or pharmacist. Record tolerance rather than increasing automatically.

Days 8–14 · Review comfort, not just frequency

Continue appropriate steps. Ask a pharmacist about persistent hard stools or no bowel movement for three days. Do not select or extend a laxative course from this worksheet.

Day 15 and week 4 · Review

Discuss ongoing symptoms. Fibre trials can require at least four weeks, but warning signs need care immediately. Persistent straining with soft stool deserves assessment, not endless extra fibre.

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 have asked whether any of my medicines could be the cause
- [ ] I eat breakfast and then give myself unhurried time on the toilet
- [ ] I never ignore the urge to go
- [ ] I use a footstool so my knees are above my hips
- [ ] I walk for 20 to 30 minutes most days and drink regularly
- [ ] 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 eat two green kiwifruit a day (or prunes if I am not bloated)
- [ ] I know which laxative to try first, and for how long
- [ ] I keep a bowel 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

Bowel movements: time and Bristol type (1-2 hard, 3-4 comfortable, 5-7 loose)

Straining (0 to 10)

Felt completely empty (yes or no)

Bloating score (0 to 10)

Fluids (glasses)

Minutes of walking

Notes: what helped, what made it worse

What I ate

Breakfast

Psyllium dose

Kiwifruit or prunes

Other meals and snacks

Steps practised

Toilet time after breakfast

Footstool

Walk

Psyllium

Kiwifruit or prunes

Laxative (name and dose)

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	Bowel count / stool type	Straining 0–10	Emptying yes / no	Routine / notes
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?

My bowel-care conversation

Bring this page and your diary to a pharmacist or doctor.

My usual pattern

Frequency, stool type, straining, emptying and when it changed.

What I have already tried

Food, fluids, movement and product names, dose and dates.

My full medicine list

Include painkillers, iron, prescriptions, supplements and herbs.

What I need to ask

Which option is suitable? How long? What if it does not help?

Agreed plan and review

Professional’s name, instructions, contact date and week-four review.

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.



COMPANION KIT · CHAPTER 4

My IBS Toolkit

A 2-week plan, a practical checklist and a daily diary for IBS, with a passport for a dietitian-led FODMAP trial 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 Dietitian-led FODMAP passport
07 Review and next steps

My IBS 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/nonstop bleeding, large clots, collapse or sudden severe pain need emergency care. Seek urgent mental-health help if unable to stay safe.

DIAGNOSIS BEFORE SELF-TREATMENT

Symptoms lasting more than four weeks need a doctor's assessment. Blood or black/dark-red stool, unexplained weight loss, a hard abdominal lump, anaemia, night symptoms, fever or persistent vomiting need assessment. Mention new older-age bowel changes and relevant family history.

PROTECT FOOD VARIETY

Discuss coeliac testing before cutting gluten. A low-FODMAP trial has restriction, reintroduction and personalisation stages with dietitian support. Seek specialist help before restriction with an eating-disorder history or risk.

MEDICINES AND FIBRE

Follow the leaflet and pharmacist for psyllium, fluids and medicine spacing. Peppermint can worsen reflux. Medicines and probiotic trials are individual care decisions, not a universal IBS regimen. Do not use the diary to diagnose an IBS subtype.

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 · Establish a baseline

Start the diary. Eat regular, unhurried meals and try comfortable movement. Note caffeine and alcohol rather than assuming that every food is a trigger.

Days 4–7 · Build one manageable step

Discuss suitable soluble fibre and follow its instructions if used. Consider a gentle relaxation or breathing practice; it is an option alongside care, not proof symptoms are psychological.

Days 8–14 · Keep the change tolerable

Build slowly and note pain, urgency and stool separately. Ask a pharmacist before remedies, especially peppermint if reflux is present. Avoid adding multiple treatments at once.

Day 15 · Take a useful summary

If symptoms persist, discuss tests, dietitian-led FODMAP work, IBS-specific CBT/hypnotherapy or medicines. Longer treatment reviews may run over months; warning signs do not wait.

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 have had a coeliac blood test (while eating gluten) and the other simple tests
- [ ] I know my IBS type, using the Bristol Stool Chart
- [ ] I walk or exercise for 20 to 30 minutes on most days
- [ ] I eat regular, unhurried meals and limit caffeine and alcohol
- [ ] 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 have tried peppermint oil capsules for pain (if I do not have reflux)
- [ ] I know the low-FODMAP diet is a short test, best done with a dietitian
- [ ] I practise a mind-gut technique and know brain-gut therapy is an option
- [ ] I keep a symptom 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

Pain score (0 to 10)

Urgency: times I had to rush

Bowel movements: number and Bristol type (1-2 hard, 3-4 comfortable, 5-7 loose)

Bloating score (0 to 10)

Stress level (0 to 10)

Sleep (hours and quality)

Notes: what helped, what made it worse, what to ask my doctor

What I ate and drank

Breakfast

Lunch

Dinner

Snacks, caffeine and alcohol

Steps practised

Walk or exercise (minutes)

Regular meals

Psyllium (dose)

Peppermint oil

Relaxation or breathing

Medicine (name and dose)

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	Pain 0–10	Urgent trips count	Stool count / reference	Context / notes
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?

Dietitian-led FODMAP passport

Fill this in with your dietitian.

My dietitian and goals

Contact details, main symptom and nutritional needs.

Temporary swap phase

Agreed start, end and review dates; foods I can still enjoy.

Reintroduction plan

Group, food, amounts and dates agreed with my dietitian.

What returned to my plate

Foods tolerated and what happened, including other possible explanations.

Personalisation and support

Smallest necessary restrictions, next appointment and help if eating feels stressful.

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.



COMPANION KIT · CHAPTER 5

My Mood & Gut Toolkit

A 2-week plan, a practical checklist and a daily diary for mood and gut symptoms, with a help-now and support card 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.

INSIDE

01 Safety notes and my main question

02 A 2-week plan

03 My practical checklist

04 My repeatable diary

05 Overview · days 1–14

06 My help-now and support card

07 Review and next steps

My Mood & Gut 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.

HELP NOW

If life is at risk or you cannot keep yourself or someone else safe, call your local emergency number or go to an emergency department. Do not wait to complete this diary.

URGENT SUPPORT

Suicidal or self-harm thoughts need urgent mental-health support. While waiting, seek a safe place and a trusted person; avoid alcohol or drugs. Use the support card in this pack.

BOOK AN ASSESSMENT

Low mood most of the day, daily, for two weeks or worry affecting daily life warrants a doctor. These activities accompany, not replace, treatment. Blood/black stool, unexplained weight loss or night-waking gut symptoms also need assessment.

DO NOT SELF-ADJUST TREATMENT

Never start, stop or change antidepressants on your own. New self-harm thoughts after starting treatment need immediate help. Check all herbs and supplements with a pharmacist; St John's wort has important interactions. Stop a mindfulness practice that worsens distress.

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 · Start small

Record mood, worry and gut symptoms. Try a manageable walk, regular meals and a consistent waking time. There is no requirement to feel better on schedule.

Days 4–7 · Add support, not pressure

Build comfortable movement only as able. Try gentle breathing if it feels safe, and protect a quiet pre-bed hour. Continue prescribed care.

Days 8–14 · One meal change and one conversation

Choose one affordable Mediterranean-style meal change from the chapter. Tell someone you trust how you are feeling. Food is not a substitute for depression or anxiety treatment.

Day 15 · Review with care

Bring the diary to a doctor or therapist if low mood or worry persists. Seek earlier help when the safety guidance applies. Use opposite score directions correctly: mood 10 = best; worry 10 = worst.

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 know when to call my local emergency number, and who to contact for urgent support
- [ ] I have seen my doctor if my mood has been low for two weeks or more
- [ ] I have checked the gut warning signs, and none apply (or I have seen my doctor)
- [ ] I walk or exercise on most days, building towards 30 minutes
- [ ] I keep a fixed wake-up time and protect the hour before bed
- [ ] I am making Mediterranean-style changes to my meals
- [ ] I practise a mind-gut technique, and know where to ask about talking therapy
- [ ] I have not stopped or changed any prescribed medicine without my doctor
- [ ] I have checked any supplement or herbal remedy with a pharmacist
- [ ] I keep a mood and gut 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

Mood (0 to 10, 10 is best)

Worry (0 to 10, 10 is worst)

Sleep (hours and quality)

Movement (minutes and what)

Gut symptoms (pain, bloating, bowel changes; 0 to 10)

Notes: what helped, what made it worse, what to ask my doctor

What I ate and drank

Breakfast

Lunch

Dinner

Snacks, caffeine and alcohol

Steps practised

Walk or exercise

Mediterranean-style change

Breathing or relaxation

Talked to someone

Medicine (name and dose)

Supplement (checked with pharmacist)

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	Mood 10 = best	Worry 10 = worst	Gut symptoms 0–10	Support / 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?

My help-now and support card

Fill in local services while you feel able. Keep a copy somewhere easy to find.

Emergency help

My local emergency number and nearest emergency department.

Urgent mental-health help

Local crisis/urgent service, phone and hours; professional who knows my care.

Someone I can contact

Trusted person, number and a second option if unavailable.

While help is on its way

Safe place, who can stay with me, and practical steps agreed with my care team.

Ongoing support

Doctor/therapist contact, next appointment and what I want them to know.

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.



COMPANION KIT · CHAPTER 6

My Energy & Cravings Toolkit

A 2-week plan, a practical checklist and a daily diary for energy and cravings, with an afternoon-dip comparison 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 The afternoon-dip comparison
07 Review and next steps

My Energy & Cravings 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.

GET CHECKED FIRST

Unintended weight loss, marked unexplained fatigue lasting weeks, diabetes symptoms, possible thyroid symptoms or sleep-apnoea symptoms need medical assessment. Blood vomiting, black/tarry stool or severe unexplained pain need urgent care; collapse or heavy bleeding is an emergency.

KEEP THE FOCUS SUPPORTIVE

Weight recording is optional and no more than weekly in this pack. Skip it if distressing. Underweight, eating concerns or a history of disordered eating warrant individual professional support before weight-focused changes.

NO CRASH DIETS OR SELF-PRESCRIBING

Do not use an unsupervised very-low-calorie diet, detox or supplement stack. Weight changes take months and vary. GLP-1 medicines and treatment changes require a clinician.

READING YOUR DIARY

An afternoon dip does not diagnose a blood-sugar problem. A diary cannot establish a microbiome cause. Discuss supplements and interactions with a pharmacist, including berberine, slimming products and concentrated extracts.

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 · Notice the pattern

Record meals, hunger and morning/afternoon energy. Identify recurring packaged foods without judging yourself. Optional weekly weight is not the main outcome.

Days 4–7 · One food and movement step

Choose a tolerable protein/fibre meal change and one affordable food swap. Add a short comfortable walk if suitable. No calorie target is prescribed by this worksheet.

Days 8–10 · Make rest visible

Record sleep and try a consistent wind-down routine. Add movement only at a manageable pace. Use the Sleep and Stress workbook if relevant.

Days 11–14 and day 15 · Review

Pause to notice hunger and stress before one snack. Choose a supportive response to one trigger. Review energy and sustainable habits, and ask your doctor about persistent fatigue or treatment needs.

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 have had iron, thyroid and blood sugar checked if I have persistent fatigue or unexplained weight change
- [ ] I eat in a modest energy deficit most days
- [ ] I have protein and vegetables at every main meal
- [ ] I limit ultra-processed food and sugar-sweetened drinks
- [ ] I do at least 150 minutes of movement a week
- [ ] I sleep 7 to 9 hours most nights and have a consistent bedtime
- [ ] I practise a brief pause before comfort eating
- [ ] I take any supplements with full awareness of their evidence and interactions
- [ ] I keep a tracker and reviewed it on day 15

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Today

Date

Weight (optional; once a week)

Energy: morning (0 to 10)

Energy: afternoon (0 to 10)

Hunger at main meals (0 to 10)

Mood (0 to 10)

Notes: what helped, what was hard, what to try tomorrow

What I ate and drank

Breakfast: what and when

Lunch: what and when

Evening meal: what and when

Snacks and drinks

Ultra-processed foods (rough count)

Steps taken today

Minutes of movement

Hours of sleep last night

Wind-down routine (yes or no)

Stress level (0 to 10)

Ate because of emotions rather than hunger (yes or no)

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 energy 0–10	PM energy 0–10	Hunger 0–10	Sleep / 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?

The afternoon-dip comparison

Note your energy on days when you change one thing.

My afternoon pattern

When energy falls, what it feels like, and how long it has been happening.

Meal and sleep context

Lunch time/content, last night's sleep, caffeine and other relevant context.

One manageable comparison

A meal, movement or rest change I want to observe without changing everything.

What I noticed

Morning/afternoon energy and hunger; what else could explain a difference?

A kind next step

What is practical to keep? What needs medical advice?

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.



COMPANION KIT · CHAPTER 7

My Reflux Toolkit

A 2-week plan, a practical checklist and a daily diary for reflux, with a night-time reflux setup page 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 My night-time reflux setup
07 Review and next steps

My Reflux 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.

CHEST PAIN MAY BE AN EMERGENCY

Sudden or persistent chest pressure/pain, especially spreading to the arm, neck, jaw or back, or with sweating, breathlessness, sickness or light-headedness, needs emergency care. Do not assume heartburn or drive yourself.

GET MEDICAL ADVICE

Vomiting blood/coffee-ground material, black/tarry stool, swallowing difficulty, unexplained weight loss, repeated vomiting, anaemia, severe pain or persistent symptoms need prompt assessment. Heavy bleeding or collapse is an emergency.

DO NOT SELF-TAPER MEDICINES

Never stop a prescribed PPI or another medicine independently. OTC acid-reducing courses and clinician-led treatment have different limits. Follow your own leaflet, interaction advice and review date.

USE SYMPTOM-SPECIFIC ADVICE

Raise the bed head or use a suitable wedge, not extra pillows. Peppermint can worsen reflux. Gum may help some reflux but aggravate swallowed-air bloating. Throat symptoms alone do not confirm 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 · Record timing

Use the diary. Try smaller evening meals, finish about three hours before bed and remain upright after eating, as the chapter suggests.

Days 4–7 · Review the night-time setup

Consider a safely raised bed head or suitable wedge and left-side sleeping if comfortable. Do not substitute extra pillows. Gentle breathing is optional.

Days 8–14 · Test one suspected trigger

Observe one food or habit at a time, then bring it back rather than excluding many foods. Ask a pharmacist about suitable OTC remedies and interactions.

Day 15 · Review symptoms and medicine use

Heartburn on two or more days a week, or remedies most days, deserves a doctor’s review. Bring times, doses and night-symptom notes. Warning signs override this schedule.

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 have asked whether any of my medicines could be making reflux worse
- [ ] I eat smaller meals and finish my evening meal 3 hours before bed
- [ ] I stay upright after meals and avoid tight waistbands
- [ ] The head of my bed is raised 10 to 20 cm (not with extra pillows)
- [ ] I fall asleep on my left side
- [ ] I practise belly breathing and have tried sugar-free gum after meals
- [ ] I have tested my own trigger foods one at a time
- [ ] I know how to take a PPI (before breakfast) and when to review it
- [ ] I keep a reflux 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

Heartburn: times and strength (0 to 10)

Regurgitation or sour taste: times

Night-time symptoms (yes or no)

Throat symptoms or cough

Sleep position

Bed head raised (yes or no)

Notes: what helped, what made it worse, what to ask my doctor

What I ate and drank

Meals: what, how big, and when

Last meal before bed (time)

Suspected triggers

Coffee, alcohol and fizzy drinks

Steps practised

Stayed upright after meals

Belly breathing

Gum after meals

Antacid or alginate (dose and time)

PPI or other medicine (name and dose)

Activity (minutes)

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	Heartburn 0–10	Night symptoms yes / no	Last meal / bedtime	Medicine / notes
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?

My night-time reflux setup

Record your evening routine, bed setup and medicine questions.

Evening timing

My usual last-meal time, intended bedtime and what change is feasible.

Bed setup

Raised bed head or suitable wedge, comfort/safety and left-side position if comfortable.

One suspected trigger

What I observed, the one-week trial and when I brought it back.

My medicine questions

Name, prescribed/OTC, why taken, timing, interaction questions and review date.

What needs review

Night symptoms, symptom days per week and questions for the doctor.

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.



COMPANION KIT · CHAPTER 8

My Antibiotic Recovery Toolkit

A 2-week plan, a practical checklist and a daily diary for recovery after antibiotics, with a leaflet and timing sheet for your course 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 My antibiotic leaflet and timing sheet
07 Review and next steps

My Antibiotic Recovery 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

Sudden severe abdominal pain, blood/coffee-ground vomit, confusion, serious breathing problems or severe allergic symptoms need emergency care.

CALL ABOUT DIARRHOEA

Contact your doctor or urgent advice service for diarrhoea during or after antibiotics. Blood, fever, significant pain, symptoms lasting more than seven days, inability to keep fluids down or dehydration need urgent advice. Do not wait for day 15.

FOLLOW THE PRESCRIPTION

Use the actual prescribed start/end dates. Never stop on day seven because a worksheet says "after the course". Do not use leftovers or someone else's antibiotics. Confirm food, alcohol, mineral and other-medicine instructions for your specific antibiotic.

C. DIFFICILE AND PROBIOTICS

If C. difficile is suspected, seek medical advice and do not self-use loperamide; wash hands with soap and water. Probiotics are not necessary for everyone. Serious illness, weakened immunity or a central line require medical advice before any probiotic.

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.

Before / early in the course

Record the antibiotic, actual prescribed dates and dose times. Ask a pharmacist about interactions, food, alcohol and contraceptive questions. Start the diary.

While taking the prescribed course

Take doses exactly as directed, eat as tolerated and maintain appropriate fluids. Contact a clinician for diarrhoea. Discuss probiotics only if appropriate; do not copy a universal spacing rule.

After the actual course ends

Once stools settle, bring fibre foods back gradually and try tolerated foods from the chapter. Review any probiotic use with the pharmacist rather than continuing indefinitely. No detox or reset kit is needed.

Day 15 / agreed review

Review symptoms and questions; microbiome recovery can take weeks or months. The 14-day record is an observation window, not a promise of full recovery or a fixed antibiotic duration.

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 am taking the antibiotic exactly as prescribed
- [ ] I know the red flags and when to call for advice
- [ ] I have checked the leaflet for dairy, antacids, iron, alcohol and the pill
- [ ] I drink plenty, and use an oral rehydration drink if I get diarrhoea
- [ ] Any probiotic decision, timing and stop/review date have been discussed with a pharmacist or clinician where appropriate; I have not assumed it is needed.
- [ ] I am bringing fibre back gradually
- [ ] I have a fermented food every day and add new plants each week
- [ ] I keep a recovery 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 and day of the course

Antibiotic doses taken (times)

Bowel movements: number and Bristol type (1-2 hard, 3-4 comfortable, 5-7 loose)

Bloating score (0 to 10)

Fluids (glasses) and any oral rehydration drink

Thrush symptoms (yes or no)

Red flags (blood, fever, pain, more than 7 days)

Notes: how I feel, what helped, what to ask my doctor

What I ate

Probiotic (name and time)

Fibre foods

Fermented foods

Number of different plants

Steps practised

Fluids

Leaflet checked

Probiotic spaced from antibiotic

Fibre brought back

Fermented food

New plant this week

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	On / after actual course	Stool count / reference	Fluids / concerns	Symptoms / contact
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?

My antibiotic leaflet and timing sheet

Complete from your prescription, leaflet and pharmacist's advice.

My actual course

Antibiotic name, reason, prescribed start/end dates, dose and times.

Food and other medicines

Individual food/dairy/mineral/antacid instructions and confirmed spacing.

Alcohol and contraception questions

What the pharmacist said for this medicine and any vomiting/diarrhoea advice.

If a probiotic is appropriate

Professional advice, product, timing and agreed stop/review date.

Care contact and symptom onset

Who to contact; diarrhoea began when; bowel frequency, fever, blood and fluid concerns.

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.



COMPANION KIT · CHAPTER 9

My Fibre & Plants Toolkit

A 4-week plan, a practical checklist and a daily diary for fibre and plants, with a fibre-tolerance ladder 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.

INSIDE

01 Safety notes and my main question
02 A 4-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 Overview · days 15–28
07 My fibre-tolerance ladder
08 Review and next steps

My Fibre & Plants 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.

CHECK BEFORE ADDING FIBRE

A narrowed bowel, past blockage, gastroparesis or swallowing/throat problems need individual doctor/dietitian advice before fibre changes or psyllium.

GET HELP FOR CONCERNING SYMPTOMS

Blood/black stool, unexplained weight loss, persistent pain, vomiting or new persistent bowel changes need assessment. Sudden severe pain, major bleeding or collapse are emergencies.

IF USING PSYLLIUM

Follow the product's own dose, water and medicine-spacing instructions; ask a pharmacist. Do not swallow it dry or take it immediately before lying down. Pain with nausea/vomiting needs urgent advice; severe allergy needs emergency help.

ABOUT THE 30 PLANTS

Build gradually and back down if symptoms persist. Thirty plants is an early-evidence idea, not a pass/fail prescription. The book's plant-point system is an informal tool, not a microbiome measurement. IBS may need different choices.

My main question / professional already involved

A 4-week plan

HOW TO USE THIS PLAN

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

Week 1 · Find your starting point

Keep a three-day food record. Add one tolerated fibre food and begin a unique-plant register. No need to reach thirty immediately.

Week 2 · Make one meal easier

Try small tolerable portions of beans/lentils if suitable. Keep fluids appropriate to your care plan and increase gradually rather than adding many powders.

Week 3 · Use everyday staples

Try a wholegrain swap or a small amount of seeds if tolerated. Use affordable frozen, tinned or dried plants. Symptom-specific advice takes priority.

Week 4 · Review variety and comfort

Add a few plants only if comfortable. Review bowel pattern and bloating, keep useful habits and slow down if worse. Plant totals do not diagnose gut health.

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 know roughly how much fibre I eat now
- [ ] 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 drink an extra glass of water with fibre-rich meals
- [ ] I eat beans or lentils most days
- [ ] I choose wholegrain bread, rice or pasta
- [ ] I keep frozen vegetables and fruit in the freezer
- [ ] I count my plant points each week
- [ ] I keep a tracker and reviewed it at the end of week 4

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Today

Date and week of the plan

Fibre foods eaten

New plants today (plant points)

Fluids (glasses)

Bowel movements: number and Bristol type (1-2 hard, 3-4 comfortable, 5-7 loose)

Wind or bloating score (0 to 10)

Notes: which foods suit me, what to keep, what to ask my doctor

This week

Plant points this week

New foods tried

Psyllium dose, if taken

Anything that made wind or bloating worse

Steps practised

Built up slowly

Extra water

Beans or lentils

Wholegrains

Fruit and vegetables

Tracker filled in

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	Fibre foods / new plant	Bloating 0–10	Stool / fluids	Tolerance / notes
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?

Overview · days 15–28

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	Fibre foods / new plant	Bloating 0–10	Stool / fluids	Tolerance / notes
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

My fibre-tolerance ladder

Note how your gut feels as you add fibre, one step at a time.

My three-day starting picture

Usual fibre foods, portion notes and symptoms before changing anything.

The next small food step

One food, practical amount, date and why it suits me.

Comfort and context

Wind/bloating, stool, fluids and other changes that might matter.

Keep, pause or ask

What is tolerable? What needs doctor/dietitian/pharmacist advice?

Week-four review

Sustainable foods to keep, questions and a realistic next step.

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.



COMPANION KIT · CHAPTER 10

My Fermented Foods Toolkit

A 2-week plan, a practical checklist and a daily diary for fermented foods, with a label comparison page 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 Fermented-food label comparison
07 Review and next steps

My Fermented Foods 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.

FERMENTED FOODS AND SYMPTOMS

Fermented foods are not the same as tested probiotic products or a proven treatment for bloating/IBS. A study's high intake is not a starting dose. Stop clear aggravators and discuss persistent reactions.

CHECK SUITABILITY FIRST

Weakened immunity or serious illness: ask your care team about live/unpasteurised foods and do not home-ferment. Pregnancy: avoid unpasteurised dairy and potentially alcoholic kombucha/water kefir. Milk pasteurised before cultures are added is different from raw-milk products.

LABELS AND MEDICINES MATTER

Check sugar, salt, alcohol, storage and live/heat-treated status. Salt-restricted diets and possible food reactions need individual advice. Check your own antibiotic leaflet rather than applying one dairy-spacing rule to every drug.

FERMENTING AT HOME

This workbook's label worksheet is not a fermentation recipe or safety clearance. Use a tested food-safety recipe with weighed salt and full instructions. Never taste a suspect batch; discard the entire batch if mouldy or putrid. A simplified mould-identification card is deliberately not supplied.

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 · Choose one familiar food

Start with a small comfortable portion of a suitable food such as plain yoghurt or kefir. Check the label and record the food and amount.

Days 4–7 · Observe before adding

If comfortable, try a second food in a small portion. Note wind, bloating, stool changes and other reactions rather than chasing a serving target.

Days 8–14 · Build only if well

Continue foods you enjoy and tolerate. There is no need for home fermentation, kombucha or six servings daily. Keep suitable fibre foods alongside meals.

Day 15 · Keep what suits you

Review the diary. Return to a comfortable intake if symptoms worsen. Ask a clinician/dietitian about persistent reactions; avoid broad permanent exclusions.

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 know which of my fermented foods contain live microbes
- [ ] I choose plain yoghurt or kefir and add my own fruit
- [ ] I check labels for live cultures, sugar and salt
- [ ] I started with one small portion a day and built up slowly
- [ ] I eat two or three different fermented foods most days
- [ ] I keep salty fermented foods to small portions
- [ ] I check kombucha and water kefir for alcohol
- [ ] I keep dairy 2 hours away from ciprofloxacin and read every antibiotic leaflet
- [ ] If considering home fermentation, I will use a tested full recipe and safety instructions; this workbook is not a batch-safety clearance.
- [ ] I keep a tracker and reviewed it on day 15

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Today

Date and day of the plan

Fermented foods eaten and amounts

Live (chilled, unpasteurised) or heat-treated

Wind or bloating score (0 to 10)

Bowel movements: number and Bristol type (1-2 hard, 3-4 comfortable, 5-7 loose)

Any reaction (headache, flushing, other)

Notes: which foods suit me, what to keep, what to ask my doctor

Homemade batch

Date started and weight of cabbage

Salt weighed (g)

Checks recorded from tested recipe; never taste a suspect batch

Date into the fridge and taste

Steps practised

One new food tried

Built up slowly

Label checked

Salt kept small

Fibre and plants with meals

Tracker filled in

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	Food / amount	Live / heat-treated	Bloating 0–10	Reaction / notes
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?

Fermented-food label comparison

Compare labels before you buy.

Product and ingredients

Food, brand/label, dairy source and ingredients.

Live or heat-treated?

Copy the label; distinguish raw milk from pasteurised milk with later live cultures.

Sugar, salt and alcohol

Per 100 g/ml and actual portion; alcohol warning and any suitability questions.

Storage and portion

Use-by, refrigeration instruction and a small portion I tolerate.

My suitability questions

Pregnancy, immunity, salt restriction, reactions and antibiotic/medicine instructions.

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.



COMPANION KIT · CHAPTER 11

My Everyday Food Swaps Toolkit

A 2-week plan, a practical checklist and a daily diary for everyday food swaps, with a two-swap budget and time planner 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 Two-swap budget and time planner
07 Review and next steps

My Everyday Food Swaps 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.

NO STRICT FOOD RULES

NOVA is a classification with limitations, not a test that an ingredient is toxic. Food is not a moral score. Do not ban entire food groups or diagnose "food addiction" from a worksheet.

PROTECT ADEQUATE INTAKE

Underweight, eating-disorder concerns or a child's restricted diet require professional help before large changes. This adult workbook is not a calorie-restriction plan.

RESPECT MEDICAL DIETS

With active IBD, discuss changes with the gastroenterology team. IBS/low-FODMAP readers need tolerable swaps. Build fibre gradually rather than replacing everything overnight.

SEEK CARE FOR WARNING SIGNS

Blood/black stool, unexplained weight loss, persistent pain or new persistent bowel changes need assessment; severe sudden pain, heavy bleeding or collapse require emergency care.

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 · Audit without changing

List or photograph regular packaged foods. Read ingredients and notice repeated drinks, breakfasts or snacks. No judgement and no required score.

Days 4–7 · Drinks first

Choose a suitable affordable drink swap, such as plain water or unsweetened tea. Adjust for your own medical dietary advice.

Days 8–10 · One breakfast swap

Try oats or plain yoghurt with fruit if suitable. Compare ingredients and practical cost, not the front-of-pack health claim alone.

Days 11–14 · One snack, then review

Try a tolerable snack option. At day 14, identify the two swaps you can afford and sustain, then choose whether to add another over the next fortnight.

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 understand what NOVA Group 4 means and can spot the main ingredient markers
- [ ] I have read the ingredients list on at least three products I eat regularly
- [ ] I have replaced at least one sweetened drink with water or unsweetened tea
- [ ] I have replaced one ultra-processed breakfast item with a whole-food alternative
- [ ] I am not judging products by health claims alone
- [ ] If I have IBS, I have checked that new whole-food swaps do not add high-FODMAP ingredients
- [ ] I am increasing fibre gradually, as described in the Fibre and the 30-Plant Week chapter
- [ ] I have looked at the practical swaps table and chosen at least two that work for my budget

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Ultra-processed drinks replaced with water or unsweetened tea (days per week)

Ultra-processed breakfast items replaced (days per week)

Ultra-processed snacks replaced (days per week)

Ultra-processed ready meals replaced with home-cooked (days per week)

Labels read before buying (this week)

Notes on symptoms or energy changes

My context / what else changed

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	Drink swap yes / no	Breakfast / snack swap	Label read yes / no	Cost / tolerance
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?

Two-swap budget and time planner

Choose swaps that fit your budget and your life.

My first regular product

What I buy, cost per portion, when it helps and what I want to change.

My first feasible swap

Alternative, cost per portion, preparation time and tolerance.

My second regular product

What I buy, usual portion and practical constraints.

My second feasible swap

Alternative, cost, storage/batch options and tolerance.

What I will keep

Two realistic swaps, shopping reminder and what I am not changing.

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.



COMPANION KIT · CHAPTER 12

My Movement Toolkit

A 4-week plan, a practical checklist and a daily diary for movement, with an exercise and gut-pattern record 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.

INSIDE

01 Safety notes and my main question
02 A 4-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 Overview · days 15–28
07 Exercise and gut-pattern record
08 Review and next steps

My Movement 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.

CHECK BEFORE STARTING OR PROGRESSING

Heart, lung or kidney disease, diabetes, or exertional chest pain/breathlessness/dizziness need a clinician's advice. A diabetes team should plan exercise with insulin or medicines that can cause low blood sugar; do not adjust doses yourself.

STOP AND SEEK EMERGENCY HELP

Persistent/spreading chest pain, especially with sweating, breathlessness or sickness, fainting during exercise or while lying down, failure to recover fully, or palpitations with chest pain/breathlessness/faintness need urgent emergency assessment. Do not drive yourself.

ADAPT THE ACTIVITY

Stop with sharp pain, dizziness, sickness or confusion. Use individual pregnancy, joint and mobility advice. Shorter or gentler activity is valid; the progression is a suggestion, not a fitness test.

GUT SYMPTOMS AND EXERCISE

Blood/black stool, unexplained weight loss or recurrent concerning symptoms need assessment. Avoid hard sessions immediately after large meals and do not use ibuprofen-like painkillers to push through a session.

My main question / professional already involved

A 4-week plan

HOW TO USE THIS PLAN

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

Week 1 · Start where you are

Try a short comfortable daily walk, a gentle post-meal stroll if suitable and regular breaks from sitting. Record what you can do without forcing symptoms.

Week 2 · Build gently

Extend comfortable activity only as able. Consider an appropriate beginner strength session after reviewing the chapter and any personal restrictions.

Week 3 · Find a repeatable rhythm

Build towards brisk activity on several days and strength twice weekly if suitable. At moderate effort you can talk but not sing; do not chase a step count.

Week 4 and day 29 · Review

Work towards general activity guidance only at a suitable pace. Compare activity, gut and mood notes; keep sustainable steps and discuss exercise-related symptoms.

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 walk briskly for 20 to 30 minutes on most days, or am building up to it
- [ ] I take a short walk after my main meals
- [ ] I do the home strength routine at least twice a week
- [ ] I break up long periods of sitting
- [ ] I use the talk test to check my effort
- [ ] I take the stairs when I can
- [ ] I have checked with my doctor first if I have heart, lung, kidney disease or diabetes
- [ ] I avoid hard exercise straight after a big meal if it brings on heartburn or gut trouble
- [ ] I know the warning signs that mean stop and get help
- [ ] I keep the movement tracker and reviewed it after four weeks

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Today

Date and week of the plan

Activity (what and how many minutes)

Effort (0 to 10)

Strength routine (yes or no)

Steps (if you count them)

My gut and mood

Gut symptoms (pain, bloating, wind; 0 to 10)

Bowel movements: number and Bristol type (1-2 hard, 3-4 comfortable, 5-7 loose)

Mood (0 to 10, 10 is best)

Sleep (hours and quality)

Steps practised

Walk after meals

Stairs

Breaks from sitting

Gut symptoms during exercise (what and when)

Notes: what helped, what upset my gut, what to ask my doctor

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	Activity minutes	Effort 0–10	Strength yes / no	Gut / mood 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?

Overview · days 15–28

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	Activity minutes	Effort 0–10	Strength yes / no	Gut / mood context
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

Exercise and gut-pattern record

Note what else was happening before you blame a food or stop moving.

The session I am observing

Activity, start time, duration and comfortable effort.

Meal and environmental context

Last meal time/content, heat, drinks and relevant medicines.

What happened and when

Gut symptoms before/during/after, intensity and whether I stopped.

Safety and care contact

Any warning signs, action taken and professional advice.

Next suitable adaptation

A gentler timing/activity option agreed where needed; not a medicine adjustment.

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.



COMPANION KIT · CHAPTER 13

My Sleep & Stress Toolkit

A 2-week plan, a practical checklist and a daily diary for sleep and stress, with a page to prepare for a sleep appointment 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 Sleep appointment preparation
07 Review and next steps

My Sleep & Stress 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.

SLEEPINESS AND BREATHING NEED ASSESSMENT

Breathing pauses, gasping/choking at night and persistent daytime tiredness need a doctor. Never drive or operate machinery while sleepy. Do not assume tablets will solve possible sleep apnoea.

SLEEP RESTRICTION NEEDS SUPPORT

This workbook does not prescribe sleep restriction, time in bed or a sleep-efficiency algorithm. CBT-I needs knowledgeable support, particularly with driving/machinery work, bipolar/mania risk, poorly controlled epilepsy or marked daytime sleepiness.

MEDICINES NEED INDIVIDUAL REVIEW

Discuss sleep aids, melatonin, alcohol and other medicines with a doctor/pharmacist. Do not stop prescribed sleeping tablets suddenly. Follow drowsiness, driving and duration warnings; sleep hygiene alone is not treatment for chronic insomnia.

MENTAL HEALTH AND GUT WARNINGS

Seek urgent help for self-harm thoughts; emergency help if unable to stay safe. Blood/black stool, unexplained weight loss or night-waking gut pain need assessment. Stop breathing/mindfulness if it worsens distress; use external grounding instead.

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 · Record without calculating

Note bed/wake times, waking, naps and quality. Choose a realistic consistent wake time, including weekends, without deliberately restricting sleep.

Days 4–7 · Make evenings simpler

Observe caffeine timing, an earlier evening meal and a quiet screen-free pre-bed hour. Use the chapter's timing suggestions flexibly, not as a guarantee.

Days 8–14 · Daytime movement and a pause

Try suitable daytime activity and a gentle pause if comfortable. If evening activity disrupts sleep, move it earlier; a gentle stroll is different from a hard workout. Do not use alcohol as a sleep aid.

Day 15 · Prepare for the right help

If sleep remains poor, discuss CBT-I and possible causes with a clinician. Review stress support. Sleep duration and symptoms vary; no compulsory eight-hour score is used.

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 get up at the same time every day, weekends included
- [ ] I relax for an hour before bed, with screens away
- [ ] I have no caffeine after midday, or at least 6 hours before bed
- [ ] I keep alcohol low and do not use it to help me sleep
- [ ] I finish my evening meal about 3 hours before bed
- [ ] I move on most days, but not in the 4 hours before bed
- [ ] I take a short daily pause for slow breathing or mindfulness
- [ ] I have checked the warning signs, and asked about CBT for insomnia if poor sleep has lasted months
- [ ] I have checked any sleep aid or melatonin with a pharmacist or doctor, and do not use pharmacy aids for more than 2 weeks
- [ ] I keep a sleep and stress diary and reviewed it on day 15

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Last night

Date and day of the plan

Time to bed and time up

Sleep quality (0 to 10, 10 is best)

Times I woke, and naps

Notes: what helped, what made it worse, what to ask my doctor

Today

Stress (0 to 10, 10 is worst)

Caffeine (what and when)

Alcohol (what and when)

Time of last meal

Gut symptoms (pain, bloating, bowel changes; 0 to 10)

Steps practised

Fixed wake-up time

Screens away an hour before bed

Walk or exercise (minutes)

Slow breathing or mindful pause

Sleep aid or medicine (name and dose)

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	Bed / up times	Sleep quality 10 = best	Stress 10 = worst	Waking / 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?

Sleep appointment preparation

Notes about your sleep to bring to your appointment.

How long and how much impact?

Start date, typical night, daytime function and what has changed.

Breathing and sleepiness

Observed pauses/gasping, naps, driving or machinery responsibilities.

Medicines, aids and context

Prescriptions, OTC products, caffeine, alcohol, shift work and health conditions.

What I have tried

Routine changes and response, without calculating sleep restriction.

Questions about care

Could I have apnoea or another cause? Is supported CBT-I suitable? Agreed review.

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.



COMPANION KIT · CHAPTER 14

My Medicines & Gut Toolkit

A 2-week plan, a practical checklist and a daily diary for medicines and your gut, with a complete medicine list 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 Complete medicine reconciliation
07 Review and next steps

My Medicines & Gut 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 SIGNS

Blood/coffee-ground vomit, major bleeding, black sticky/tarry stool with illness, sudden severe or touch-tender abdominal pain, sudden chest pain, collapse or severe allergic symptoms need emergency assessment.

URGENT MEDICINE-RELATED CONCERNS

Diarrhoea during/after antibiotics, prolonged/bloody diarrhoea, or severe persistent abdominal pain on a GLP-1 medicine need urgent advice. Pain spreading to the back with vomiting/illness can be serious. Iron can darken stool, but do not dismiss sticky/tarry or bloody stool as "just iron".

NO INDEPENDENT CHANGES

Never stop, switch, taper, retime or change a prescribed dose without professional agreement. Do not experiment by missing doses to test a symptom. Abrupt stopping of opioids or antidepressants can cause harm.

REVIEW THE WHOLE PICTURE

Include OTC painkillers, vitamins, herbs and supplements. Do not combine two NSAIDs. Ask about food/spacing and stomach protection. A symptom after a medicine does not prove causation; microbiome changes do not automatically mean harm.

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 · Reconcile the full list

Write every medicine, supplement and herb, the reason, dose and timing. Start a symptom timeline and note actual prescribed changes without experimenting.

Days 4–7 · Check each leaflet

Copy your own food, empty-stomach and spacing instructions. Ask a pharmacist about uncertainty or interactions rather than using a generic schedule.

Days 8–14 · Arrange a medicine review

Bring the full list and diary. Ask whether a medicine might contribute, whether each is still needed and whether a gentler option or different timing is suitable.

At the agreed review · Record the plan

Only the clinician/pharmacist-agreed action goes into the change record. Add who advised it, when, follow-up and what warning signs require earlier help.

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 a full, up-to-date list of everything I take, including herbs and supplements
- [ ] I know which of my medicines to take with food and which on an empty stomach
- [ ] I have discussed suitable pain relief and interactions with a pharmacist rather than switching products independently.
- [ ] I never take two anti-inflammatory painkillers together
- [ ] I have asked whether I need stomach protection if I take an anti-inflammatory painkiller regularly
- [ ] I know why I take a PPI and when it will next be reviewed
- [ ] I have asked about a laxative if I take an opioid painkiller
- [ ] I have told my pharmacist about every herbal remedy I use
- [ ] I know the warning signs that need help at once
- [ ] I have booked or had a medicine review

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Medicines today

Date and day of the plan

Medicines taken (name, dose, time)

With food or on an empty stomach

New, changed or missed doses

Notes: any symptom that seems to follow a medicine, and what to ask

Gut today

Stool (Bristol type 1 to 7, and how many times)

Nausea (0 to 10)

Tummy pain (0 to 10)

Heartburn (0 to 10)

Other (bloating, wind, appetite)

Steps

Leaflet checked

Timing change agreed with clinician/pharmacist (what)

Medicine review booked or done

Questions for my doctor or pharmacist

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	Medicine / time	Nausea 0–10	Pain / reflux 0–10	Agreed action / notes
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?

Complete medicine reconciliation

Never stop or change a prescribed medicine without professional agreement.

Prescription medicines

Name, reason, dose, time, prescriber and review date.

OTC products, vitamins and herbs

Include painkillers, sleep aids, supplements and occasional products.

My own leaflet instructions

Food/empty stomach, spacing, cautions and pharmacist’s clarification.

The symptom timeline

Medicine start or prescribed change; symptom onset and other possible factors.

Agreed action only

Who advised the change, exactly what was agreed, date and follow-up. No self-directed experiment.

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.



COMPANION KIT · CHAPTER 15

My Outdoor Wellbeing Toolkit

A 2-week plan, a practical checklist and a daily diary for time outdoors, with a map of nearby nature and fallback options 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.

INSIDE

01 Safety notes and my main question
02 A 2-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 My nearby-nature and fallback map
07 Review and next steps

My Outdoor Wellbeing 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.

SUN AND SKIN SAFETY

No unprotected-sun schedule is prescribed. Use local sun-protection advice, suitable clothing/sunscreen and your individual medical guidance. Morning light and vitamin-D-producing UV are not interchangeable measures.

CHECK MEDICINES AND SKIN CONDITIONS

Some medicines increase sun sensitivity; ask a pharmacist and read the leaflet before increasing direct sun. Lupus, porphyria and other relevant conditions require your clinician's advice.

VITAMIN D IS INDIVIDUAL

Use local guidance and professional advice for your circumstances, location and supplements. This worksheet does not prescribe a supplement dose or high-dose IBD treatment. Record existing products so duplicate doses can be checked.

STAY WITHIN YOUR ABILITIES

Choose an accessible comfortable route and adapt to conditions. Wash hands after gardening/soil contact. This is not a comprehensive outdoor-safety guide and does not require barefoot walking, soil exposure or wilderness access.

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 · Find nearby daylight

Choose a comfortable accessible outdoor option, even a short local route. Record time and how you feel; the chapter's time suggestions are not a proven gut dose.

Days 4–7 · Explore an option you enjoy

Try a nearby park, tree-lined street or garden if suitable. Invite someone if helpful. Gardening is optional; wash hands after soil contact.

Days 8–14 · Make an all-season fallback

Plan a realistic shorter option for poor weather or low energy. Keep sun/medicine advice individual and do not add supplements from a universal timetable.

Day 15 · Review participation

Notice outdoor days, mood and sleep without claiming microbiome change. Keep the route or activity you enjoy and discuss vitamin-D questions with a professional if needed.

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 spend at least 20 minutes a day in daylight outdoors, most days.
- [ ] I visit a walkable green space at least twice a week.
- [ ] I have checked local sun-protection advice and any vitamin-D or medicine-sensitivity questions with a pharmacist or clinician; I am not following a universal sun-exposure dose.
- [ ] I have at least one outdoor activity that I can keep up in autumn and winter.

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Days spent at least 20 minutes outdoors (out of 7)

Green space visits (parks, woodland, gardens, waterside)

Vitamin D supplement taken if in an at-risk group (yes / no / not applicable)

Notes on mood, energy or bowel symptoms

My context / what else changed

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	Outdoor minutes	Place / activity	Mood 10 = best	Season / notes
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?

My nearby-nature and fallback map

List green places near you, with a back-up plan.

Easy local option

Route/place, access, seating, time and what makes it manageable.

A green-space option

Park, tree-lined street, garden or waterside path appropriate to my needs.

A shorter fallback

Poor-weather, low-energy or seasonal alternative and suitable clothing.

People and practicalities

Who I might invite, transport/access and a realistic diary slot.

Questions before I start

Photosensitising medicines, skin conditions, existing supplements and local advice.

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.



COMPANION KIT · CHAPTER 16

My Mind-Gut Practice Toolkit

A 4-week plan, a practical checklist and a daily diary for mind-gut practice, with a ten-minute thought check 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.

INSIDE

01 Safety notes and my main question
02 A 4-week plan
03 My practical checklist
04 My repeatable diary
05 Overview · days 1–14
06 Overview · days 15–28
07 Ten-minute gut-worry thought check
08 Review and next steps

My Mind-Gut Practice 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.

PRACTISE ONLY WHEN SAFE

Not while driving, cycling, operating machinery or anywhere reduced attention could be unsafe. Keep breathing gentle; no breath holds or forced deep breaths. Stop if dizzy, breathless or distressed, and return to normal breathing.

MENTAL-HEALTH PRECAUTIONS

With trauma/dissociation, ask your care team before self-guided imagery/audio. With psychosis/schizophrenia or epilepsy, seek medical advice before hypnosis/imagery recordings. Stop any practice that increases distress; open eyes and orient to the room.

WHEN TO GET HELP

Severe depression or self-harm thoughts need mental-health care; emergency help if unable to stay safe. Blood/black stool, unexplained weight loss, anaemia, night-waking symptoms or new persistent bowel changes need assessment.

WHAT THESE PRACTICES CAN DO

The book's relaxation routine is expert-advice self-help, not a validated hypnotherapy programme or full CBT. Belching/rumination require diagnosis; home breathing is not the same as therapist biofeedback. Keep other care in place.

My main question / professional already involved

A 4-week plan

HOW TO USE THIS PLAN

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

Week 1 · Learn a comfortable pattern

Try short slow, unforced breathing practices if suitable. About four seconds in/six out is optional, not a target to force. Record comfort and minutes.

Week 2 · Add relaxation only if appropriate

Consider the book's gentle relaxation after the safety screen. Eyes-open and external-focus options are valid. Do not continue a distressing practice.

Week 3 · Choose, do not pile on

Try one suitable mindful pause, muscle relaxation or thought check. No need to lengthen the out-breath or complete every practice.

Week 4 and day 29 · Review

Keep the practices that help. Compare weeks one and four; ask about IBS-specific CBT or gut-directed hypnotherapy if needed. A workbook is not a replacement for those treatments.

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.

- [ ] My doctor has checked my gut symptoms, and I have no red flags
- [ ] I understand that brain-gut therapies treat a real signalling problem
- [ ] I practise diaphragmatic breathing 3 minutes, three times a day
- [ ] I use slow belly breathing after the meals that set me off
- [ ] I do the 15-minute gut-directed relaxation most days
- [ ] I tried the muscle relaxation, the mindful pause or a thought check
- [ ] I keep my breathing practices slow and gentle
- [ ] I know when hypnotherapy may not be safe, and who to call in a crisis
- [ ] I asked my doctor about IBS-specific CBT or gut-directed hypnotherapy, if needed
- [ ] I keep a tracker and reviewed it on day 29

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Today

Date and week of the plan

Gut symptom score (0 to 10)

Stress level (0 to 10)

Sleep (hours and quality)

Bowel movements: number and Bristol type (1-2 hard, 3-4 comfortable, 5-7 loose)

Notes: what helped, what to change, what to ask my doctor

Practices done (minutes)

Diaphragmatic breathing

Breathing after meals

15-minute gut-directed relaxation

Muscle relaxation or mindful pause

Thought check

Therapy session or app

Weekly review

Average gut score this week

Average stress score this week

One thing that helped

One thought I noticed when symptoms flared

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	Practice / minutes	Gut symptoms 0–10	Stress 0–10	Comfort / notes
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?

Overview · days 15–28

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	Practice / minutes	Gut symptoms 0–10	Stress 0–10	Comfort / notes
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

Ten-minute gut-worry thought check

A self-help exercise. Stop if you feel more distressed.

1 minute · Situation

What was happening when I noticed symptoms or worry?

2 minutes · Exact thought

What did my mind say? How strongly did I believe it, 0–100?

3 minutes · Evidence

What supports the thought, and what does not? Include uncertainty.

2 minutes · A balanced thought

A fairer alternative, and belief in the original thought now, 0–100.

2 minutes · One small action

A manageable next step, without forcing exposure or replacing professional support.

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.



PLANNER

My Healthcare Visit Planner

Two pages to get ready for an appointment, with space to record the medicines and actions you agree.

INSIDE

01 Make the appointment useful

02 Medicines and agreed actions

Make the appointment useful

Bring this summary and your medicines; do not wait for a diary if warning signs apply.

My main concern and goal

When it began, what changed and what daily life is like.

My pattern and warning signs

Frequency, symptom timing, stool/urgency, night symptoms, weight loss or bleeding to report.

What I have tried

Foods, routines and products, dates, response and other possible explanations.

My three questions

What needs investigation? What is suitable to try? When should we review?

Who I am seeing / date

Contact details, support person and questions I do not want to forget.

Medicines and agreed actions

Never stop or change a prescription without professional agreement.

Medicine / herb / supplement	Reason / prescriber	Dose / time as prescribed	Food / spacing from own leaflet

Agreed action, who advised it and date

Follow-up date and what needs earlier help



PLANNER

My 28-Day Gut Health Roadmap

A four-week roadmap that takes one decision at a time, with a page to record what you decide.

INSIDE

01 A 4-week roadmap

02 My four-week decisions

A 4-week roadmap

A flexible way to use the book over four weeks.

FOLLOW YOUR RELEVANT CHAPTER

Read its red flags first. Keep prescribed care in place. Some chapter plans run fourteen days, others four weeks; some treatments take longer. This roadmap does not replace their review dates.

Week 1 · Choose and observe

Use the Start Here guide. Read one relevant chapter, identify safety questions and choose a manageable observation.

Week 2 · Try a suitable step

Use that chapter's plan, not every workbook. Record only enough to review. Seek help immediately for warning signs.

Week 3 · Review the first fortnight

If your chapter uses a day-14/day-15 review, do it now. Keep, adapt or discuss the step; do not pile on restrictions.

Week 4 · Continue or get the right help

For a four-week plan, complete its review. For other plans, use agreed follow-up. No change is useful information; bring questions to a professional.

My starting chapter / one step / review date

My four-week decisions

One row per week is enough if that suits you.

Week	One suitable step	What I noticed	Keep / adapt / ask for help
1			
2			
3			
4			

My next conversation and follow-up date



PLANNER

My Meals & Shopping Planner

Plan what you will actually eat for the week, then shop from a useful list.

INSIDE

01 Plan what you will actually eat

02 Shop with a useful list

Plan what you will actually eat

Flexible portions, affordable staples and food you tolerate.

USE YOUR OWN DIETARY NEEDS

No supplement, calorie target or thirty-plant quota is required. Respect allergies and clinical diets. Seek support before major restrictions with underweight or eating concerns.

Day	Breakfast	Lunch	Evening meal	Prep / leftovers
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

What is already in the cupboard / fridge / freezer?

Shop with a useful list

Choose portions and quantities for your household, budget and tolerance.

Category	What / quantity	Cost estimate	Substitution
Vegetables			
Fruit			
Beans / lentils			
Grains / oats			
Nuts / seeds			
Protein / dairy			
Other			

Budget limit, estimated total and easy swaps

Preparation and leftover plan

Follow reliable storage guidance for each food. Cool cooked food promptly, then refrigerate or freeze it.



GUIDE

My Everyday Fibre Guide

A one-page guide to the fibre in everyday foods.

INSIDE

01 Fibre in everyday foods

Fibre in everyday foods

Approximate fibre content of common foods.

ABOUT THESE PORTIONS

Values vary with product, preparation and portion. Build up gradually. Ask for individual advice first if you have a narrowed bowel, a past blockage, gastroparesis or swallowing difficulties.

Food	Portion	Fibre
Lentils, cooked	100 g (about 4 tablespoons)	7.9 g
Chickpeas, tinned, drained	120 g (about half a tin)	7.7 g
Baked beans	200 g (about half a tin)	8.2 g
Wholewheat pasta, cooked	180 g	7.0 g
Wholemeal bread	2 slices (70 g)	4.2 g
White bread	2 slices (70 g)	1.9 g
Porridge oats	40 g, dry	4.0 g
Brown rice, cooked	180 g	2.9 g
Potato, baked with skin	180 g	4.0 g
Frozen peas, cooked	80 g	3.6 g
Frozen mixed vegetables, cooked	80 g	3.5 g
Pear	1 medium (170 g)	5.3 g
Raspberries	80 g	5.2 g
Green kiwifruit	2 fruit (150 g)	4.5 g
Apple, with skin	1 medium (150 g)	3.6 g
Almonds	30 g (a small handful)	3.8 g
Chia seeds	1 tablespoon (12 g)	4.1 g
Linseed (flaxseed)	1 tablespoon (10 g)	2.7 g



GUIDE

My Gentle Practice Guide

Gentle practices to calm your body and mind: breathing, a three-minute pause, muscle relaxation and a fifteen-minute relaxation.

INSIDE

01 Before you begin

02 A gentle breathing practice

03 A three-minute mindful pause

04 A gentle muscle-relaxation practice

05 A fifteen-minute relaxation

Before you begin

Read this before any breathing, mindfulness or imagery practice.

PRACTISE ONLY WHEN SAFE

Not while driving, cycling, operating machinery or anywhere reduced attention could be unsafe. Keep breathing gentle; no breath holds or forced deep breaths. Stop if dizzy, breathless or distressed, and return to normal breathing.

MENTAL-HEALTH PRECAUTIONS

With trauma/dissociation, ask your care team before self-guided imagery/audio. With psychosis/schizophrenia or epilepsy, seek medical advice before hypnosis/imagery recordings. Stop any practice that increases distress; open eyes and orient to the room.

WHEN TO GET HELP

Severe depression or self-harm thoughts need mental-health care; emergency help if unable to stay safe. Blood/black stool, unexplained weight loss, anaemia, night-waking symptoms or new persistent bowel changes need assessment.

WHAT THESE PRACTICES CAN DO

The book’s relaxation routine is expert-advice self-help, not a validated hypnotherapy programme or full CBT. Belching/rumination require diagnosis; home breathing is not the same as therapist biofeedback. Keep other care in place.

What feels safe for me / questions for my care team

A gentle breathing practice

Read slowly, with a pause between steps.

Settle

Sit supported somewhere safe. Keep eyes open if you prefer. Notice the chair and your feet. There is no need to take a large breath.

Breathe comfortably

Let breathing stay quiet and gentle. If comfortable, allow an easy in-breath and a slightly longer out-breath. About four seconds in and six out is optional, not a target. No holding or forcing.

Return

If dizzy, short of breath or distressed, stop the exercise and breathe normally. Look around the room. End with your own comfortable rhythm.

These practices are self-help. Read the safety page before you start.

A three-minute mindful pause

Read slowly, with a pause between steps.

Minute 1 · Notice

Notice thoughts, feelings and sensations without needing to change them. If internal focus feels unhelpful, look at a steady object or notice sounds in the room.

Minute 2 · Choose an anchor

If comfortable, notice normal breathing. Otherwise choose contact with the chair, your feet or sounds. Whenever attention wanders, return gently.

Minute 3 · Widen

Widen attention to your whole body and the room. Move fingers and toes, look around and choose a manageable next step.

These practices are self-help. Read the safety page before you start.

A gentle muscle-relaxation practice

Read slowly, with a pause between steps.

Settle · about 1 minute

Sit supported. Choose to skip any tense or painful area. Continue normal breathing throughout.

Hands and arms · about 2 minutes

If comfortable, gently tense for about five seconds, then release for about fifteen. Repeat only if comfortable. Notice the change without needing a special sensation.

Face, neck and shoulders · about 2 minutes

Use only a gentle movement that is comfortable. Release; do not force a stretch.

Chest, back and belly · about 2 minutes

Keep breathing normally. Skip any sore belly or uncomfortable area; simply rest instead.

Legs and feet · about 2 minutes

A gentle squeeze, then let go if comfortable. No need to complete every muscle.

Rest · about 1 minute

Allow ordinary breathing. Look around and return in your own time.

These practices are self-help. Read the safety page before you start.

A fifteen-minute relaxation

Seven stages. Imagery is optional.

0–2 · Settle

A supported position in a safe place; eyes open is allowed. Normal, gentle breathing.

2–5 · Relax the body

Move attention through comfortable areas. Skip painful or distressing internal focus.

5–7 · A place of ease

Picture a safe place, such as a staircase, or focus on something in the room instead. No image is required.

7–9 · Belly warmth

Optional comfortable imagery only. Do not promise to heal the lining or change bacteria.

9–12 · Symptom imagery

You could picture a dial, a balloon or a steady stream. Choose or skip imagery; relief is not guaranteed.

12–13 · Supportive words

Use a kind neutral phrase, not a claim that treatment is unnecessary.

13–15 · Return

Notice the room, move gently and return to ordinary activity when fully alert.