

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.

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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.