

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.

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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.