

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.