

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.

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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.