

STARTER PACK

Starter Pack

The four starter sheets in one file: a toolkit to find your starting point, a seven-day diary, a plant variety tracker and a one-habit tracker.

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Four sheets for anyone

Gut Health Starter

Seven-Day Gut Diary

Plant Variety Tracker

One-Habit Tracker



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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?



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My Seven-Day Gut Diary

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

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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.



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My Plant Variety Tracker

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

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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



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My One-Habit Tracker

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

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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.