4-WEEK TRACKER

# Mind-Gut Practice Tracker

These practices work by repetition, so the tracker runs for four weeks. Tick the days you practised and plot gut and stress scores; expect the lines to shift slowly, over weeks rather than days.



SHEET 22

**Name** _____ **Day 1 is** _____

| DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **GUT SYMPTOMS AND STRESS, 0 NONE TO 10 WORST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gut and stress**<br>● gut symptoms<br>○ stress | 10<br>8<br>6<br>4<br>2<br>0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRACTICE: WRITE THE MINUTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Belly breathing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Breathing after meals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gut-directed relaxation** 15 min | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Muscle relaxation or pause** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Thought check** | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **Therapy session or app** | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **ALSO TODAY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sleep** hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stool type** 1 to 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

### Week 1

Average gut score _____

Average stress _____

Days practised _____

### Week 2

Average gut score _____

Average stress _____

Days practised _____

### Week 3

Average gut score _____

Average stress _____

Days practised _____

### Week 4

Average gut score _____

Average stress _____

Days practised _____

### A thought I noticed when symptoms flared

The thought

_____

A fairer way to put it

_____

### After four weeks

The practice I will keep, and when in the day

_____

_____

**Keep breathing gentle: no breath-holding and no forcing.** Stop if you feel dizzy, breathless or distressed. Never practise while driving. With a history of trauma, dissociation, psychosis or epilepsy, ask your care team before using imagery or hypnosis recordings. These practices sit alongside medical care.