

IBS—Free at Last! Second Edition

Worksheets and Grocery Shopping List

(IBS—Free at Last! is available at Amazon.com)

Patsy Catsos, MS, RD, LD



Visit Patsy at www.ibsfree.net

Table of Contents

Control + click on the desired topic for hyperlink.

IBS—Free at Last! Symptom Worksheet

IBS—Free at Last! Shopping List for Sample Menu

IBS—Free at Last! Challenge Phase Worksheet

FODMAP Frequency Worksheet

This document contains the opinions and ideas of its author. It is offered free of charge with the understanding that the author is not engaged in rendering medical, health, or any other kind of personal or professional services. Users are advised to see IBS—Free at Last! for complete details on the use of these worksheets, and are advised to share the information in the worksheets and book with a health care provider before adopting any of the suggestions. Users are advised to discuss symptoms with a medical adviser and not use these worksheets or the book IBS—Free at Last! to self-diagnose IBS. The author and publisher specifically disclaim all responsibility for any liability, loss, or risk, personal or otherwise, incurred as a consequence, directly or indirectly, from the use and application of any of the contents of these worksheets.

Copyright © 2012 Patsy Catsos, MS, RD, LD

Pond Cove Press, P.O. Box 10106, Portland, ME 04104-0106

You may print these worksheets and the shopping list for your personal use. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the author.

IBS—Free at Last! Symptom Worksheet

Please pull out a pencil and write down the way your IBS impacts your life, using the following suggestions. Return to your notes at the end of the Elimination Phase and ask yourself how much improvement you have experienced in each category—25%? 50%? 75%? 100%? How much improvement is enough? That is your call.

Your subjective feeling of well-being and satisfaction with your bowel habits are just as important as the “numbers,” so be sure to use your own words to describe the impact IBS symptoms have on your life.

Diarrhea (frequency of BMs, stool consistency, urgency?)

Before:

After:

Constipation (frequency of BMs, stool consistency, painful elimination, satisfying BM, incomplete BM?)

Before:

After:

Gas/Flatulence/Rumbling (frequency of passing gas, audible sounds, rumbling?)

Before:

After:

Bloating (degree of bloating, tightness of clothing, pain, time of day?)

Before:

After:

Abdominal pain (associated with bloating, relieved by passing gas or having a BM, location, duration, intensity?)

Before:

After:

Example

Diarrhea

Before: 3-4 watery, explosive BMs most days, sometimes very urgent, almost didn't make it to the toilet last Thursday at work, very embarrassing. I feel like my life is revolving around being near the toilet. This has been going on for years but has been getting worse lately.

After: By day 3 of the Elimination Phase, I was down to 1 BM per day, stool is more formed. I was able to go for a bike ride yesterday with confidence I wouldn't get caught short. One bout of diarrhea the morning after I cheated and had a big slice of pumpkin pie. Overall, 90% better in this category, feel great.

IBS—Free at Last! Shopping List for Sample Menu

* Use this list to purchase food you if you are following the sample menu provided in the book. Please note it is *not* a complete list of the foods that are allowed on the *IBS—Free at Last!* Elimination Phase. See your book for details.

* Please read labels for all prepared items. For example, “corn flakes” should not have any high-fructose corn syrup or fruit juice concentrate used as sweetener.

* *Items that are for recipes only are in italics.* If you don’t plan to do any cooking (you know who you are), you can skip them, but you may have to buy more of the other things to last the whole week.

Grocery Items

1 box corn flakes
1 lb. box quick rolled oats
8 oz. box plain instant oatmeal/porridge
4 oz. chopped walnuts
4 oz. slivered almonds
2 oz. whole almonds
2 oz. *almond flour*
4 oz. *pecans*
4 oz. cashews
4 oz. peanuts
2 oz. *ground flax seed*
2 oz. *millet seeds*
1 small jar real mayonnaise
Small bottle olive oil
Small bottle Karo light corn syrup (or Lyle’s Golden Syrup)
12 oz. jar creamy peanut butter
Small bottle balsamic vinegar
Small bottle rice vinegar
Small bottle low-sodium soy sauce
Small bottle sesame oil
Small bottle vanilla extract
Small bottle 100% pure maple syrup
1 bag plain rice cakes
Small package rice pasta
Two 3.5 oz. packages rice crackers
Small package 6” corn tortillas
3 oz. can water-packed tuna fish
20 oz. can pineapple chunks
1 lb. dry brown rice
¾ lb. uncooked quinoa
1 lb. granulated sugar
1 oz. baked potato chips
1 loaf bread (free of wheat, rye, and fruit juice concentrate)

Produce

1 bunch leaf lettuce
1 lb. mixed salad greens
2 fresh tomatoes
Small piece fresh ginger
1 lb. baby carrots

1 bunch celery
1 pint cherry or grape tomatoes
2 small cucumbers
4 medium potatoes
1 lb. carrots
1 small zucchini
1 cup bean sprouts
3 red bell peppers
1 bunch green onions/scallions
½ lb. fresh baby spinach
2 medium bananas
3 small oranges
3 fresh lemons
1 pint fresh blueberries
1 pint fresh strawberries
Small bunch fresh mint or parsley
Small bunch chives

Egg/Dairy Case

½ gallon lactose-free skim milk
½ lb. butter
Small carton light sour cream
1 lb. carton lactose-free cottage cheese
1 dozen eggs
6 oz. package cheddar cheese
8 fluid oz. bottle or carton orange juice

Meat/Fish/Poultry

½ lb. deli sliced turkey
2 oz. deli sliced lean roast beef
5 oz. fresh salmon
1 lb. boneless, skinless chicken
1 lb. pork loin or tenderloin
1 pork chop
5 oz. beef steak
5 oz. lean ground turkey

Frozen

1 pint strawberry sorbet with allowed ingredients
Small bag frozen green peas

***IBS—Free at Last!* Challenge Phase Worksheet**

Refer to *IBS—Free at Last!* for instructions on how to execute the Challenge Phase of the FODMAP Elimination Diet. Keep notes on this worksheet.

Lactose Challenge

Day 1: Cautious Challenge. I ate/drank:

Day 2: Full Challenge. I ate/drank:

My results:

Fructose Challenge

Day 1: Cautious Fructose Part A Challenge. I ate/drank:

Day 2: Full Fructose Part A Challenge. I ate/drank:

Day 3: Add Fructose Part B Challenge foods. I ate/drank:

My results:

Fructans Challenge

Day 1: Cautious Challenge. I ate:

Day 2: Full Challenge. I ate:

My results:

Polyols Challenge

Day 1 Cautious Challenge: I ate/drank:

Day 2: Full Challenge. I ate/drank:

My results:

Galactans/GOS Challenge

Day 1 Cautious Challenge: I ate/drank:

Day 2: Full Challenge. I ate/drank:

My results:

FODMAP Frequency Worksheet

For each of the following foods, calculate and write down the number of serving or units per week you eat of that food in the space provided. Do your best to add up your total intake for a typical seven-day week. If you are not doing the whole elimination-challenge program, you can use this worksheet to focus on the foods in your current diet that are contributing FODMAPs. For complete details on how to use and interpret the results of this worksheet, please consult your book, *IBS—Free at Last! Second Edition*.

Lactose Group

- _____ Evaporated milk, 8 fl. oz. or 1 C.
- _____ Yogurt with added whey, whey concentrate or nonfat dry milk, plain or sweetened with sugar only, 1 C.
- _____ Fluid milk, 8 fl. oz. or 1 C.
- _____ Eggnog, 8 fl. oz. or 1 C.
- _____ Goat's milk, 8 fl. oz. or 1 C.
- _____ Milkshake, 8 fl. oz. or 1 C.
- _____ Ice cream, frozen yogurt, ice milk, or soft-serve ice cream, 1 C.
- _____ Regular yogurt, 1 C.
- _____ Greek yogurt, 1 C.
- _____ Cottage cheese, ½ C
- _____ Kefir, 8 fl. oz. or 1 C.
- _____ Whey concentrate protein powder, 1 scoop

Fructose Group

HFCS=High Fructose Corn Syrup

- _____ Beverages with crystalline fructose, such as Glaceau Vitamin Water®, Emergen-C® fizzy drink mix, 8 fl. oz. or 1 C.
- _____ Carbonated soft drink, iced tea or punch with HFCS, such as Pepsi®, Coke®, Sprite®, juice “cocktails,” 8 fl. oz. or 1 C.
- _____ Agave syrup or nectar, 2T.
- _____ Barbecue sauce with HFCS, 2T.
- _____ Pancake syrup with HFCS, 2 T.
- _____ Jam or jelly with HFCS, 2T.
- _____ Honey, 2T.
- _____ Molasses, 2T.

- _____ Gummy or chewable multivitamin supplements with fructose, 1 dose (check nutrition info for size of dose)
- _____ Pears, 1 medium
- _____ Apples, 1 medium
- _____ Other fruit, whole, 1 medium
- _____ Fruit, cut up, fresh, canned or frozen, ½ C.
- _____ Fruit juice, 4 fl. oz. or ½ C.
- _____ Dried fruit or trail mix with fruit, including raisins, dried cranberries, prunes, apricots, dates, figs, ¼ C.
- _____ Fruit leathers, 1 piece

Fructans Group

- _____ Fiber, protein, or snack bars with chicory root extract or inulin, 1 bar
- _____ High-fiber breakfast cereals with chicory root, inulin, wheat bran, rye, barley, 1 serving (check nutrition info for the serv size—if your portion is bigger, count multiple servings)
- _____ Yeast breads or baked goods made with rye, 1 oz.
- _____ Barley, ½ C. cooked
- _____ Bulgur wheat, ½ C. cooked
- _____ Couscous, ½ C. cooked
- _____ Gnocchi, 1 C.
- _____ Beet/beetroot, ½ C. cooked
- _____ Broccoli, ½ C.
- _____ Brussels sprouts, ½ C.
- _____ Onions, raw ½ C. or ¼ C. cooked
- _____ Scallions (white part), ½ C.
- _____ Garlic, 1 clove or 1 t.
- _____ Shallots, ¼ C. cooked
- _____ Pasta, white or whole wheat, ½ C. cooked
- _____ Radicchio, ½ C.
- _____ Cabbage, ½ C.
- _____ Kale, ½ C. cooked
- _____ Yeast breads, English muffins, rolls tortillas, pitas or chapatis made with white, whole wheat, or multigrain flour, 1 oz.
- _____ Cookies made with white, whole wheat, or multigrain flour, 1 oz. (1 small or 1/3 large cookie)
- _____ Cake or muffins made with white, whole wheat, or multigrain flour, ½ fast food serving
- _____ Donuts, 1
- _____ Crackers or pretzels made with white, whole wheat, or multigrain flour, 1 oz. or ½ C.
- _____ Biscuits or scones made with white, whole wheat, or multigrain flour, 1 oz (1 small or 1/3 large)
- _____ Pizza crust made with white, whole wheat, or multigrain flour, ½ slice

Polyols Group

- _____ Candy or cough drops, “sugar-free” with maltitol, sorbitol, isomalt, lactitol, mannitol, xylitol, polydextrose, or hydrogenated starch hydrolysates, 1 serving (check nutrition info for serving size)
- _____ Liquid medication with maltitol, sorbitol, isomalt, lactitol, mannitol, xylitol, polydextrose, or hydrogenated starch hydrolysates, 1 dose
- _____ Low-carb bars, 1 serving (check nutrition info for serving size)
- _____ Prune juice, 4 fl. oz.
- _____ Prunes, ¼ C.
- _____ Figs, dried, ¼ C.
- _____ Blackberries, ½ C.
- _____ Mushrooms, ½ C. cooked or 1 C. raw
- _____ Cauliflower, ½ C.
- _____ Dates, ¼ C.
- _____ Sweet Cherries, ½ C.
- _____ Gum, “sugar-free” with maltitol, sorbitol, isomalt, lactitol, mannitol, xylitol, polydextrose, or hydrogenated starch hydrolysates, 1 piece
- _____ Snow peas, ½ C.
- _____ Peaches, white or yellow, ½ C.
- _____ Nectarines, ½ C.
- _____ Apricots, ½ C. raw or ¼ C. dried
- _____ Avocado, ½ C.
- _____ Plum, ½ C.
- _____ Fennel leaves, ½ C. raw or ½ C. cooked
- _____ Sweet corn, fresh, frozen, canned, ½ C.
- _____ Figs, fresh, ½ C.

Galactans/GOS Group

- _____ Dried/split peas, ½ C. cooked
- _____ Dried or canned beans, ½ C. cooked
- _____ Lentils, ½ C. cooked
- _____ Butter/lima beans, ½ C. cooked
- _____ Pistachios, ¼ C.
- _____ Chick peas or hummus, ½ C. cooked
- _____ Tempeh, ½ C.
- _____ Veggie-burgers, soy, 1
- _____ Soy milk, 8 fl. oz.
- _____ Coffee, reg. or de-caf., 8 fl. oz.

Questionnaire Summary

Write in the total servings per week for each of the following food groups:

_____ Lactose

_____ Fructose

_____ Fructans

_____ Polyols

_____ Galactans/GOS