

BASELINE SYMPTOM SURVEY

Note: This form can be downloaded for printing at www.IBSFree.net

1. Bowel pattern (How many BMs per day or per week? Stool consistency—formed, loose, or watery? Hard or dry? Urgency? Incomplete BMs? Painful elimination?)

Before: _____

After Week 1: _____

After Week 2: _____

After Week 3: _____

After Week 4: _____

2. Gas/flatulence/rumbling (Frequency? Control over when to pass gas? Noisy stomach rumbling?)

Before: _____

After Week 1: _____

After Week 2: _____

After Week 3: _____

After Week 4: _____

3. Bloating and distention (Abdominal fullness, pressure, or a sensation of trapped gas? Visible distention? What time of day?)

Before: _____

After Week 1: _____

After Week 2: _____

After Week 3: _____

After Week 4: _____

(continued)

4. Abdominal pain (Associated with bloating? Location? Relieved by passing gas or having a BM? How often? Mild and easy to ignore, moderate, or severe?)

Before: _____

After Week 1: _____

After Week 2: _____

After Week 3: _____

After Week 4: _____

5. Fatigue (Tiredness? Quality of sleep?)

Before: _____

After Week 1: _____

After Week 2: _____

After Week 3: _____

After Week 4: _____

6. Mood (Depression, Anxiety?)

Before: _____

After Week 1: _____

After Week 2: _____

After Week 3: _____

After Week 4: _____

7. Overall quality of life (Were you able to participate in all your usual school, work, and social activities? How well did you feel overall?)

Before: _____

After Week 1: _____

After Week 2: _____

After Week 3: _____

After Week 4: _____

SHOPPING LIST FOR THE SAMPLE 7-DAY MENU

Note: Shopping List can be downloaded for printing at www.IBSFree.net

Bakery

1 loaf whole wheat (or white) authentically made sourdough bread, or 1 loaf gluten-free bread with suitable ingredients

Produce Section (fresh unless otherwise indicated)

Avocado (for recipe)	Kale, 4 cups
Bell pepper (yellow), 1 large (for recipe)	Kiwifruit, 1
Bell peppers (green), 2 large (one for recipe)	Lemons, 3 (two for recipes)
Bell peppers (red), 2 large (one for recipe)	Oranges, 3
Blueberries, 1½ cups	Pineapple, 1 whole; or 1½ cups peeled and cubed (fresh or frozen)
Butternut squash, 1 pound whole; or 12 ounces peeled and cubed (for recipe)	Potatoes, sweet, 2 medium
Cantaloupe, 1 small; or 2 cups peeled and cubed	Potatoes, white, 4
Carrots, 1 pound	Radishes, 1 bunch
Cherry tomatoes, 1 pint	Salad greens (mixed), 16 cups
Cucumbers, 2 medium	Spinach (baby), 3 cups
Ginger (fresh), 2-inch piece	Strawberries, 1 cup (fresh or frozen)
Grapes, 1 cup	Summer squash, 1 small
Green beans, 1 cup (fresh or frozen)	Tomato, 3 medium

Grocery Aisles (packaged or just the amount you need from bulk bins)

Almonds, slivered, ½ cup	Oil (olive), small bottle
Chia seeds, whole, 2 tablespoons	Peanut butter, 1-pound jar
Chickpeas, 14.5-ounce can	Peanuts, 2 tablespoons
Coffee, if desired	Rice (brown, uncooked), ½ cup
Corn tortillas, uncooked/soft, 4 six-inch tortillas	Semi-sweet chocolate chips (miniature), small bag (for recipe)
Lentils, two 14.5-ounce cans (for recipe)	Sugar, 1 cup (¾ cup for recipe)
Mayonnaise, small jar	Tea, green or peppermint
Oats (uncooked), ½ cup	Tomatoes (diced), 28-ounce can (recipe)
Oil (garlic-infused or garlic “dipping oil”), small bottle (6 tablespoons for recipes)	Vinegar, balsamic, small bottle

Spices (packaged or just the amount you need from bulk bins)

Ancho chile powder (1 tablespoon for recipe)	Paprika, smoked (sweet) (½ teaspoon for recipe)
Black pepper	Red pepper flakes (¼ teaspoon for recipe)
Cumin (ground) (2 tablespoons for recipe)	Salt (table)
Mustard (dry powder) (½ teaspoon for recipe)	Salt (flakes) (⅛ teaspoon for recipe)
Paprika (sweet) (½ teaspoon for recipe)	

Dairy Case

Butter, ¼ cup (½ stick)	Lactose-free milk, 1 quart
Cheese, Cheddar, ½ pound	Lactose-free sour cream, ½ pint
Eggs, 1 dozen	Lactose-free yogurt, 36 fluid ounces
Lactose-free cottage cheese, 1 pound	

Butcher Shop

Chicken, 12 ounces cooked, or 1 pound raw	Steak, 6 ounces cooked, or ½ pound raw
Pork tenderloin, 4 ounces cooked, or 5 ounces raw	Turkey or beef (lean ground), 1½ pounds raw (for recipe)
Salmon, 6 ounces cooked, or ½ pound raw	Turkey, 2 ounces cooked
Shrimp, 4 ounces cooked, or 5 ounces raw	

FODMAP REINTRODUCTION SCHEDULE FOR PLAN A

Note: Copies of this form can be downloaded for printing at
www.IBSFree.net.

Use the blank forms to draft reintroduction plans that reflect your usual intake.

FODMAP of the week: _____.

In addition to eating low-FODMAP foods, this week I will consume the following new foods containing the FODMAP of the week. Foods are selected from the appropriate list of FODMAP-containing foods, “These Foods Contain FODMAPs” (page 134). (Plan your intake in the middle column below. Then record any symptoms that occur in the right-hand column below.)

Day 1	1/2 portion of one food		Symptoms:
Day 2	Several portions of one or more foods from the appropriate list—my maximum		Symptoms:
Days 3–7	No new foods	Eat only low-FODMAP foods.	Symptoms:

My conclusion about this FODMAP:

- No symptoms
- No symptoms with small intake; large intake caused mild symptoms
- No symptoms with small intake; large intake caused severe symptoms
- Even the small portion consumed on Day 1 caused severe symptoms

FODMAP REINTRODUCTION SCHEDULE FOR PLAN B

Note: Copies of this form can be downloaded for printing at
www.IBSFree.net.

Use the blank forms to draft your reintroduction plans.

FODMAP of the week: _____.

In addition to eating low-FODMAP foods, this week I will consume the following new foods containing the FODMAP of the week. Foods are selected from the appropriate list of FODMAP-containing foods, "These Foods Contain FODMAPs" (page 134). (Plan your intake in the middle column below. Then record any symptoms that occur in the right-hand column below.)

Day 1	1/4 portion of one food		Symptoms:
Day 2	1/2 portion of one food		Symptoms:
Day 3	1 portion of food		Symptoms:
Day 4	2 portions of food (one or more foods from the appropriate list)		Symptoms:
Days 5-7	No new foods.	Eat only low-FODMAP foods.	Symptoms:

My conclusion about this FODMAP:

- No symptoms
- As I ate more, mild symptoms developed
- As I ate more, severe symptoms developed
- Even the small portion consumed on Day 1 caused severe symptoms

FOOD REINTRODUCTION SCHEDULE FOR PLAN C

Note: Copies of this form can be downloaded for printing at
www.IBSFree.net.

FOOD of the week: _____.

In addition to eating low-FODMAP foods, this week I will consume the following new food, which is a high priority food for me. (Plan your intake in the middle column below. Then record any symptoms that occur in the right-hand column below.)

Day 1	1/4 portion of the food		Symptoms:
Day 2	1/2 portion of the food		Symptoms:
Day 3	3/4 portion of the food		Symptoms:
Day 4	1 portion of the food		Symptoms:
Days 5-7	No new foods	Eat only low-FODMAP foods.	Symptoms:

My conclusion about this FOOD:

- No symptoms
- As I ate more, mild symptoms developed
- As I ate more, severe symptoms developed
- Even the smallest portion consumed on Day 1 caused severe symptoms

