LOW FODMAP: RUN IT LIKE A PRO

Patient Guide: Questions to turn the Low FODMAP diet into a structured, evidence-based experiment — not a forever punishment. Use this checklist to get clear guidance from your clinician and a dietitian.

Is the low FODMAP approach appropriate for my IBS type and overall medical history?		
What urgent conditions or tests should we rule out before starting low FODMAP?		
 Do I need basic bloodwork (CBC, iron), celiac testing, or inflammatory markers first? 		
 Are there 'red-flag' symptoms (weight loss, blood in stool, night symptoms) that require immediate evaluation? 		
Would imaging or endoscopy be recommended based on my history?		
How strict should my elimination phase be and how long should it last?		
 Typical target: a controlled reduction for 2–6 weeks — not perfect avoidance of every listed food. 		
 Which single, evidence-based food source should I use (for example, the Monash app)? 		
How will we make sure I still get enough fiber and calories while testing?		
Can you refer me to a dietitian experienced with low FODMAP who can coach the plan?		
 Ask for a dietitian who uses a stepwise elimination and structured reintroduction protocol. 		

• Confirm they will help maintain fiber, nutrient balance, and meal planning for

social situations.

experiment? What exact things should I record (what I ate, portion sizes, time eaten, symptom timing, stool form)? How long should I track during elimination and reintroduction to see meaningful patterns? Can you give examples of an easy tracking template or an app you trust? If I improve but develop constipation, fatigue, or other problems, what adjustments do you recommend? • How will we check for reduced fiber or inadequate calories as causes of new symptoms? Should we add low FODMAP fiber sources, adjust fluids, or consider shortterm laxatives? When should we stop elimination and move to reintroduction if side effects appear? How do we run structured reintroduction tests (which groups, doses, timing, and what counts as a reaction)? • Which FODMAP groups will we test first (lactose, fructose, fructans, GOS, polyols)? What is the suggested day-by-day dose escalation and the post-test washout period? What degree and timing of symptoms would classify a reproducible trigger vs. a non-issue? I only got partial benefit (30–70% better) — what next? • Could other drivers (motility problems, pelvic floor dysfunction, bile acid diarrhea, psychological stress) be contributing? Should we add tests or referrals (GI physiology, pelvic floor PT, bile acid testing) while continuing dietary work? How do we prioritize next steps to avoid endless restriction? Which tests or treatments should I avoid or be skeptical about (food sensitivity panels, indiscriminate supplements)? • Are commercial IgG 'food sensitivity' panels useful for guiding diet changes in IBS? When, if ever, is a SIBO breath test or trial of probiotics indicated for me? Which supplements have evidence and which are low value or potentially harmful?

How should I track food, portions, and symptoms so this is a real

	ow do I safely liberalize my diet long-term and handle real life (eating out, avel, stress)?
•	What rules should I follow to prevent FODMAP stacking while regaining variety?
•	Practical swaps (e.g., garlic-infused oil, lactose-free milk vs. yogurt) I can use based on test results?
•	How should I adjust strategy during flares, travel, or when stress worsens symptoms?