

## LOW-FODMAP DIET: PHASE 2

### Reintroduction of Simplified Low-FODMAP

After completing the Elimination phase and minimizing your GI symptoms by avoiding inflammatory foods, it's time to transition you back to a varied diet as carefully as possible with a systematic reintroduction of FODMAPs. The reintroduction phase brings back one FODMAP at a time, allowing you to identify the potential foods that may be triggering your symptoms.

The following pages include all the instructions for Phase 2.

- You will reintroduce one single FODMAP group per week by incorporating a small portion of a FODMAP food into your meal (for example, wheat as your Fructan). The goal is to gradually increase the portion size over 3 consecutive days, logging your symptoms along the way.
- If any of your gastrointestinal symptoms increase, you'll stop the challenge and return to your Low-FODMAP diet.
- If no symptoms return after 3 days, you'll return to your Low-FODMAP diet for the rest of the week before moving on to the next FODMAP reintroduction.

Once you've successfully tolerated all FODMAPs individually, you'll complete the reintroduction phase with a multiple FODMAP challenge week (for example with apples, which contain sorbitol and fructose).

Remember that caffeine and alcohol can be FODMAP triggers so if you have been avoiding them during Phase 1, continue to avoid them during Phase 2.

#### **PRE-CHALLENGE SYMPTOM CHECK-IN BEFORE REINTRODUCTION WEEK #1**

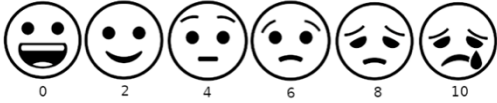
PRE-CHALLENGE SYMPTOM CHECK-IN

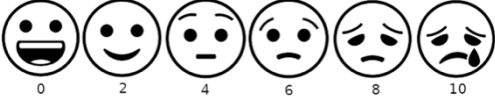
DATE: \_\_\_\_\_


Complete this on Day 0 or anytime before you start your challenge

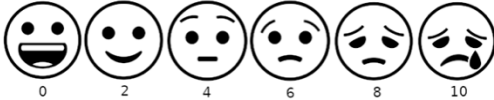
1. How many bowel movements per day did I have last week? \_\_\_\_\_
2. What was my overall stool consistency last week?
  - Formation: formed/loose/watery/hard/dry \_\_\_\_\_
  - Urgency: normal/urgent/painful/incomplete \_\_\_\_\_
3. How was my gas/flatulence for the last week?
  - Frequency: seldom/moderate/often \_\_\_\_\_
  - Did I have control over when to pass gas? \_\_\_\_\_

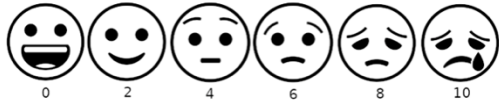


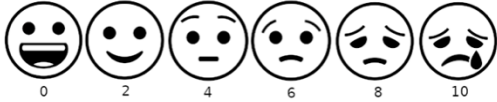
<b>FRUCTOSE CHALLENGE WEEK</b> <b>WEEK # _____</b>			
<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>	<b>DAYS 4 TO 7</b>
Add 1½ teaspoons of honey <u>or</u> ¼ mango to one of your meals	Add 2 teaspoons of honey <u>or</u> ½ mango to one of your meals	Add 1 tablespoon of honey or 1 mango to one of your meals	Remove fructose completely and return to your Low-FODMAP Diet
If any of the above amounts exceed what you would usually eat in a meal, just increase to your typical meal portion instead and continue until you reach Day 3.			
<p style="text-align: center;"><b>DAY 1 SYMPTOM LOG</b></p> <p><b>Rate your symptoms using numbers from the scale provided:</b></p>	<p style="text-align: center;"><b>DAY 2 SYMPTOM LOG</b></p> <p><b>Rate your symptoms using numbers from the scale provided:</b></p>	<p style="text-align: center;"><b>DAY 3 SYMPTOM LOG</b></p> <p><b>Rate your symptoms using numbers from the scale provided:</b></p>	<p><b>Log any additional symptoms here:</b></p>
			
<p><b>Gas/Bloating</b>    ___</p> <p><b>Diarrhea</b>        ___</p> <p><b>Discomfort</b>     ___</p> <p><b>Pain</b>                ___</p>	<p><b>Gas/Bloating</b>    ___</p> <p><b>Diarrhea</b>        ___</p> <p><b>Discomfort</b>     ___</p> <p><b>Pain</b>                ___</p>	<p><b>Gas/Bloating</b>    ___</p> <p><b>Diarrhea</b>        ___</p> <p><b>Discomfort</b>     ___</p> <p><b>Pain</b>                ___</p>	
If your GI symptoms worsen or become intolerable during the first 3 days, stop the challenge, resume your Low-FODMAP diet and check-in with me			
<p><u>POST-CHALLENGE SYMPTOM CHECK-IN</u></p> <p>Complete this on Day 7</p> <ol style="list-style-type: none"> <li>1. How many bowel movements per day did I have this week? _____</li> <li>2. What was my overall stool consistency last week?               <ul style="list-style-type: none"> <li>○ Formation: formed/loose/watery/hard/dry _____</li> <li>○ Urgency: normal/urgent/painful/incomplete _____</li> </ul> </li> <li>3. How was my gas/flatulence for the last week?               <ul style="list-style-type: none"> <li>○ Frequency: seldom/moderate/often _____</li> <li>○ Did I have control over when to pass gas? _____</li> </ul> </li> </ol>			

<b>POLYOL CHALLENGE WEEK: SORBITOL WEEK # _____</b>			
<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>	<b>DAYS 4 TO 7</b>
Add 5 blackberries (25g) <u>or</u> ½ a medium yellow peach (73g) <u>or</u> ½ an avocado (80g) to one of your meals	Add 10 blackberries (50g) <u>or</u> 1 medium yellow peach (145g) <u>or</u> 1 avocado (160g) to one of your meals	Add 15 blackberries (75g) <u>or</u> 1 ½ medium yellow peaches (218g) <u>or</u> 1½ avocados (240g) over two meals	Remove sorbitol completely and return to your Low-FODMAP Diet
If any of the above amounts exceed what you would usually eat in a meal, just increase to your typical meal portion instead and continue until you reach Day 3			
<b>DAY 1 SYMPTOM LOG</b>	<b>DAY 2 SYMPTOM LOG</b>	<b>DAY 3 SYMPTOM LOG</b>	<b>Log any additional symptoms here:</b>
<b>Rate your symptoms using numbers from the scale provided:</b>	<b>Rate your symptoms using numbers from the scale provided:</b>	<b>Rate your symptoms using numbers from the scale provided:</b>	
			
<b>Gas/Bloating</b> ___	<b>Gas/Bloating</b> ___	<b>Gas/Bloating</b> ___	
<b>Diarrhea</b> ___	<b>Diarrhea</b> ___	<b>Diarrhea</b> ___	
<b>Discomfort</b> ___	<b>Discomfort</b> ___	<b>Discomfort</b> ___	
<b>Pain</b> ___	<b>Pain</b> ___	<b>Pain</b> ___	
If your GI symptoms worsen or become intolerable during the first 3 days, stop the challenge, resume your Low-FODMAP diet and check-in with me			
<u>POST-CHALLENGE SYMPTOM CHECK-IN</u>			
Complete this on Day 7			
1. How many bowel movements per day did I have this week? _____			
2. What was my overall stool consistency last week?			
o Formation: formed/loose/watery/hard/dry _____			
o Urgency: normal/urgent/painful/incomplete _____			
3. How was my gas/flatulence for the last week?			
o Frequency: seldom/moderate/often _____			
o Did I have control over when to pass gas? _____			

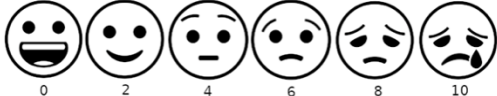
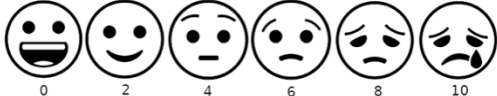
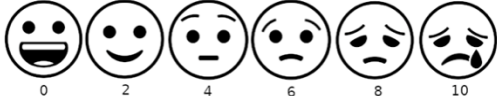
<b>POLYOL CHALLENGE WEEK: MANNITOL WEEK # _____</b>			
DAY 1	DAY 2	DAY 3	DAYS 4 TO 7
Add ½ cup (37g) raw chopped/sliced raw button mushrooms <u>or</u> ¼ cup (33g) chopped cauliflower to one of your meals	Add 1 cup (74g) raw chopped/sliced raw button mushrooms <u>or</u> ½ cup (66g) chopped cauliflower to one of your meals	Add 1½ cups (111g) chopped/sliced raw button mushrooms <u>or</u> ¾ cup (99g) chopped cauliflower to one of your meals	Remove mannitol completely and return to your Low-FODMAP Diet
If any of the above amounts exceed what you would usually eat in a meal, just increase to your typical meal portion instead and continue until you reach Day 3			
<b>DAY 1 SYMPTOM LOG</b>  <b>Rate your symptoms using numbers from the scale provided:</b>	<b>DAY 2 SYMPTOM LOG</b>  <b>Rate your symptoms using numbers from the scale provided:</b>	<b>DAY 3 SYMPTOM LOG</b>  <b>Rate your symptoms using numbers from the scale provided:</b>	<b>Log any additional symptoms here:</b>
			
<b>Gas/Bloating</b> ___	<b>Gas/Bloating</b> ___	<b>Gas/Bloating</b> ___	
<b>Diarrhea</b> ___	<b>Diarrhea</b> ___	<b>Diarrhea</b> ___	
<b>Discomfort</b> ___	<b>Discomfort</b> ___	<b>Discomfort</b> ___	
<b>Pain</b> ___	<b>Pain</b> ___	<b>Pain</b> ___	
If your GI symptoms worsen or become intolerable during the first 3 days, stop the challenge, resume your Low-FODMAP diet and check-in with me			
<u>POST-CHALLENGE SYMPTOM CHECK-IN</u> Complete this on Day 7			
1. How many bowel movements per day did I have this week? _____			
2. What was my overall stool consistency last week?			
o Formation: formed/loose/watery/hard/dry _____			
o Urgency: normal/urgent/painful/incomplete _____			
3. How was my gas/flatulence for the last week?			
o Frequency: seldom/moderate/often _____			
o Did I have control over when to pass gas? _____			

<b>FRUCTAN CHALLENGE WEEK: ONIONS/GARLIC</b>			
<b>WEEK # _____</b>			
<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>	<b>DAYS 4 TO 7</b>
Add 1/8 of an onion to one of your meals <u>or</u> 1/8 clove garlic	Add 1/4 of an onion to one of your meals <u>or</u> 1/4 clove garlic	Add 1/2 an onion to one of your meals <u>or</u> 1 clove garlic	Remove onions completely and return to your Low-FODMAP Diet
If any of the above amounts exceed what you would usually eat in a meal, just increase to your typical meal portion instead and continue until you reach Day 3			
<b>DAY 1 SYMPTOM LOG</b>	<b>DAY 2 SYMPTOM LOG</b>	<b>DAY 3 SYMPTOM LOG</b>	<b>Log any additional symptoms here:</b>
Rate your symptoms using numbers from the scale provided:	Rate your symptoms using numbers from the scale provided:	Rate your symptoms using numbers from the scale provided:	
			
<b>Gas/Bloating</b> ___ <b>Diarrhea</b> ___ <b>Discomfort</b> ___ <b>Pain</b> ___	<b>Gas/Bloating</b> ___ <b>Diarrhea</b> ___ <b>Discomfort</b> ___ <b>Pain</b> ___	<b>Gas/Bloating</b> ___ <b>Diarrhea</b> ___ <b>Discomfort</b> ___ <b>Pain</b> ___	
If your GI symptoms worsen or become intolerable during the first 3 days, stop the challenge, resume your Low-FODMAP diet and check-in with me			
<u>POST-CHALLENGE SYMPTOM CHECK-IN</u>			
Complete this on Day 7			
1. How many bowel movements per day did I have this week? _____			
2. What was my overall stool consistency last week?			
a. Formation: formed/loose/watery/hard/dry _____			
b. Urgency: normal/urgent/painful/incomplete _____			
3. How was my gas/flatulence for the last week?			
a. Frequency: seldom/moderate/often _____			
b. Did I have control over when to pass gas? _____			

<b>FRUCTAN CHALLENGE WEEK: WHEAT</b> <b>WEEK # _____</b>			
<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>	<b>DAYS 4 TO 7</b>
Add 1 slice of wheat bread to one meal <u>or</u> 1 small low-carb wrap <u>or</u> ½ cup whole wheat pasta	Add 2 slices of wheat bread to one meal <u>or</u> 1 large whole wheat tortilla <u>or</u> 1 cup whole wheat pasta	Add 3 slices of wheat bread <u>over the course of 2 meals</u> or 1 small low-carb wrap AND 1 large whole wheat tortilla <u>or</u> 1 ½ cup whole wheat pasta	Remove wheat completely and return to your Low-FODMAP Diet
If any of the above amounts exceed what you would usually eat in a meal, just increase to your typical meal portion instead and continue until you reach Day 3			
<b>DAY 1 SYMPTOM LOG</b>	<b>DAY 2 SYMPTOM LOG</b>	<b>DAY 3 SYMPTOM LOG</b>	<b>Log any additional symptoms here:</b>
Rate your symptoms using numbers from the scale provided:	Rate your symptoms using numbers from the scale provided:	Rate your symptoms using numbers from the scale provided:	
			
Gas/Bloating _____	Gas/Bloating _____	Gas/Bloating _____	
Diarrhea _____	Diarrhea _____	Diarrhea _____	
Discomfort _____	Discomfort _____	Discomfort _____	
Pain _____	Pain _____	Pain _____	
If your GI symptoms worsen or become intolerable during the first 3 days, stop the challenge, resume your Low-FODMAP diet and check-in with me			
<u>POST-CHALLENGE SYMPTOM CHECK-IN</u>			
Complete this on Day 7			
1. How many bowel movements per day did I have this week? _____			
2. What was my overall stool consistency last week?			
a. Formation: formed/loose/watery/hard/dry _____			
b. Urgency: normal/urgent/painful/incomplete _____			
3. How was my gas/flatulence for the last week?			
a. Frequency: seldom/moderate/often _____			
b. Did I have control over when to pass gas? _____			

<b>GALACTO-OLIGOSACCHARIDE CHALLENGE WEEK</b>			
<b>WEEK # _____</b>			
<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>	<b>DAYS 4 TO 7</b>
Add ½ cup (85g to 105g) cooked black beans, soybeans or kidney beans to one of your meals	Add 1 cup (170g to 105g) cooked black beans, soybeans or kidney beans over two of your meals	Add 1½ cup (255g to 417g) cooked black beans, soybeans or kidney beans over <u>two</u> of your meals	Remove beans completely and return to your Low-FODMAP Diet
If any of the above amounts exceed what you would usually eat in a meal, just increase to your typical meal portion instead and continue until you reach Day 3			
<b>DAY 1 SYMPTOM LOG</b>	<b>DAY 2 SYMPTOM LOG</b>	<b>DAY 3 SYMPTOM LOG</b>	<b>Log any additional symptoms here:</b>
Rate your symptoms using numbers from the scale provided:	Rate your symptoms using numbers from the scale provided:	Rate your symptoms using numbers from the scale provided:	
			
Gas/Bloating _____	Gas/Bloating _____	Gas/Bloating _____	
Diarrhea _____	Diarrhea _____	Diarrhea _____	
Discomfort _____	Discomfort _____	Discomfort _____	
Pain _____	Pain _____	Pain _____	
If your GI symptoms worsen or become intolerable during the first 3 days, stop the challenge, resume your Low-FODMAP diet and check-in with me			
<u>POST-CHALLENGE SYMPTOM CHECK-IN</u>			
Complete this on Day 7			
1. How many bowel movements per day did I have this week? _____			
2. What was my overall stool consistency last week?			
a. Formation: formed/loose/watery/hard/dry _____			
b. Urgency: normal/urgent/painful/incomplete _____			
3. How was my gas/flatulence for the last week?			
a. Frequency: seldom/moderate/often _____			
b. Did I have control over when to pass gas? _____			



<b>MULTIPLE FODMAP CHALLENGE WEEK SORBITOL &amp; EXCESS FRUCTOSE WEEK # _____</b>			
DAY 1	DAY 2	DAY 3	DAYS 4 TO 7
Add ½ medium apple (83g) to one of your meals	Add 1 medium apple (165g) to one of your meals	Add 1½ medium apples (248g) to the course of your day	Remove apples completely and return to your Low-FODMAP Diet
If any of the above amounts exceed what you would usually eat in a meal, just increase to your typical meal portion instead and continue until you reach Day 3			
<b>DAY 1 SYMPTOM LOG</b>  Rate your symptoms using numbers from the scale provided:   0      2      4      6      8      10	<b>DAY 2 SYMPTOM LOG</b>  Rate your symptoms using numbers from the scale provided:   0      2      4      6      8      10	<b>DAY 3 SYMPTOM LOG</b>  Rate your symptoms using numbers from the scale provided:   0      2      4      6      8      10	<b>Log any additional symptoms here:</b>
<b>Gas/Bloating</b> ___  <b>Diarrhea</b> ___  <b>Discomfort</b> ___  <b>Pain</b> ___	<b>Gas/Bloating</b> ___  <b>Diarrhea</b> ___  <b>Discomfort</b> ___  <b>Pain</b> ___	<b>Gas/Bloating</b> ___  <b>Diarrhea</b> ___  <b>Discomfort</b> ___  <b>Pain</b> ___	
If your GI symptoms worsen or become intolerable during the first 3 days, stop the challenge, resume your Low-FODMAP diet and check-in with me			
<u>POST-CHALLENGE SYMPTOM CHECK-IN</u> Complete this on Day 7			
1. How many bowel movements per day did I have this week? _____			
2. What was my overall stool consistency last week?			
o Formation: formed/loose/watery/hard/dry _____			
o Urgency: normal/urgent/painful/incomplete _____			
3. How was my gas/flatulence for the last week?			
o Frequency: seldom/moderate/often _____			
o Did I have control over when to pass gas? _____			