

| TROUBLESHOOTING CHECKLIST FOR THE LOW FODMAP DIET | YES | NO |
|--|-----|----|
| DIETARY COMPLIANCE | | |
| Do you suspect or does the patient report poor compliance with the dietary restrictions? | | |
| Was poor compliance evident in the dietary recall, such as large serving sizes or consumption of high FODMAP ingredients in packaged/processed foods? | | |
| DOES THE PATIENT HAVE ANY RED FLAGS? | | |
| Family history of coeliac disease, IBD, bowel cancer? | | |
| Abnormal blood test results? Consider: <ul style="list-style-type: none">• Iron studies• B12• Folate• Coeliac serology• Coeliac gene testing | | |
| Unexplained weight loss | | |
| Fevers | | |
| Blood in the stool | | |
| Nocturnal bowel motions | | |
| Persistent / severe symptoms | | |
| ARE THERAPIES TARGETING PREDOMINANT SYMPTOMS? | | |
| Consider targeted therapies for: <ul style="list-style-type: none">• Pain• Bloating / distention• Constipation• Diarrhoea | | |
| COULD MEDICATIONS BE AGGRAVATING SYMPTOMS? | | |
| Anti-diarrhoeal agents or laxatives | | |
| Supplements (e.g. magnesium and iron) | | |
| Antibiotics | | |
| Pain relief (e.g. codeine) | | |
| Metformin | | |
| Other medications with gastrointestinal side-effects | | |
| ARE OTHER INVESTIGATIONS NEEDED? | | |
| Blood tests | | |
| Gastroscopy | | |
| Colonoscopy | | |
| CT Scan | | |
| X-Ray | | |
| DOES THE PATIENT REQUIRE REFERRAL ELSEWHERE? | | |
| Gastroenterologist | | |
| GP | | |
| Other health professionals e.g. psychology / gut directed hypnotherapy | | |