Align Probiotic Four-Week Trial Worksheet

Use this worksheet only after checking the exact product label and deciding that a probiotic trial is an appropriate next step for you. It does not diagnose IBS, choose a dose, or replace advice from a clinician or pharmacist.

1. Confirm The Exact Product

Check	Your note
Full product name	
Strain listed on the label	
Other active ingredients	
Added fiber, prebiotics, enzymes, sweeteners, or allergens	
Label directions	
Expiry date and storage instructions	
Cost for the planned trial	

Do not assume every Align formula has the same ingredients or evidence.

2. Decide Whether This Trial Will Be Readable

- ☐ I have one main symptom or daily-life problem to track.
- ☐ My baseline has been reasonably stable for the past week, when feasible.
- ☐ I am not starting several new supplements, medicines, or major diet changes at the same time.
- ☐ I will follow the current label rather than creating my own dose.
- ☐ I know what would make me stop early.
- ☐ I have asked a clinician or pharmacist first if I have serious illness, compromised immunity, pregnancy questions, complex medicines, or another safety concern.

If several boxes remain unchecked, pause and simplify the plan before buying or starting.

3. Define The Trial Before Day One

My one primary target:

- ☐ Abdominal discomfort or pain interference
- ☐ Bloating interference
- ☐ Gas interference
- ☐ Overall IBS symptom interference
- ☐ Other: _____

What meaningful improvement would look like in daily life:

What would count as no meaningful benefit:

My early stop rules:

- [ ] Symptoms become clearly or persistently worse.
- [ ] I develop a possible allergic or serious reaction.
- [ ] A new severe or concerning symptom appears.
- [ ] Other changes make the trial impossible to interpret.
- [ ] A clinician or pharmacist advises me to stop.

4. Seven-Day Baseline

Use a 0-10 scale where 0 means no interference and 10 means maximum interference. Record stool pattern only as context, not as proof that the product treats an IBS subtype.

Day	Primary target 0-10	Bristol stool type, if relevant	Major food/medicine/supplement change	Notes
1				
2				
3				
4				
5				
6				
7				

Baseline pattern in one sentence:

---

5. Weekly Check-In

Week	Average target interference 0-10	Better, same, or worse than baseline	New symptoms or side effects	Confounders or major changes	Continue, stop, or ask
1					
2					
3					
4					

Do not label worsening as “die-off” or proof that a probiotic is working. Reassess it as a possible adverse response or a trial that no longer has a clear signal.

6. End-Of-Trial Decision

Evidence From My Own Trial

- **Target symptom changed by:** _____
- **Daily life changed by:** _____
- **New problems appeared:** _____
- **The result was readable:** yes / partly / no
- **Total trial cost:** _____

Choose The Next Route

- ☐ **Continue only after review:** There was meaningful, repeatable benefit and no concerning effect; check longer-term use and safety with an appropriate professional.
- ☐ **Stop:** There was no meaningful benefit, symptoms worsened, or the cost was not justified.
- ☐ **Pause and repeat only with guidance:** Too many variables changed to interpret the result.
- ☐ **Use a different route:** The main problem is broader bloating, a crowded supplement stack, food tolerance, or an undiagnosed symptom—not an Align decision.
- ☐ **Ask a clinician or pharmacist:** Safety, diagnosis, medicines, or persistent symptoms need professional review.

When To Seek Clinical Help

Do not use a probiotic trial to delay care for severe, new, persistent, or rapidly worsening symptoms; allergic reactions; bleeding; unexplained weight loss; fever; repeated vomiting; dehydration; severe pain; or any other symptom your clinician has told you requires prompt evaluation.

Notes For A Clinician Or Pharmacist