

# My Supplement Routine Planner

A simple, printable worksheet to organize what you take, why you take it, and the questions you want to discuss with a qualified healthcare professional.

|      |  |         |  |
|------|--|---------|--|
| NAME |  | WEEK OF |  |
|------|--|---------|--|

## 1. Build your routine

| SUPPLEMENT / PRODUCT | AMOUNT | WHEN I TAKE IT | WITH FOOD? | PURPOSE / NOTES |
|----------------------|--------|----------------|------------|-----------------|
|                      |        |                |            |                 |
|                      |        |                |            |                 |
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Tip: Copy timing and food instructions from the product label or the directions provided by your healthcare professional. Do not change a prescribed routine based only on a general guide.

# Weekly check-in

Track consistency and observations. This is a memory aid, not a diagnostic tool.

| ROUTINE ITEM | MON | TUE | WED | THU | FRI | SAT | SUN |
|--------------|-----|-----|-----|-----|-----|-----|-----|
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|              |     |     |     |     |     |     |     |

## 2. Notes and observations

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## 3. Questions for my healthcare professional

1. 

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2. 

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3. 

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**Important:** Supplements can interact with medicines and may not be appropriate for everyone. Seek professional advice if you are pregnant or breastfeeding, manage a health condition, take medication, or plan to use high-dose products. If you experience a concerning reaction, stop and seek appropriate medical care.