Supplement Starter Checklist

Complete this worksheet before starting a new vitamin, mineral, botanical, oil, powder, gummy, or other supplement.

NAME		DATE	

Before I start

✓	CHECK	QUESTION	MY NOTES
■	**1. My goal**	What specific need or question am I trying to address?	
■	**2. Food and routine**	Have I reviewed my usual meals, hydration, sleep, movement, and other daily habits first?	
■	**3. Current products**	Have I listed every supplement, fortified drink, powder, tea, and multivitamin I already use?	
■	**4. Duplication**	Does the new product repeat ingredients that are already in my routine?	
■	**5. Medicines and conditions**	Could it interact with a prescription, nonprescription medicine, health condition, procedure, or laboratory test?	
■	**6. Life stage**	Do pregnancy, breastfeeding, age, dietary pattern, or other circumstances change what is appropriate for me?	
■	**7. Label review**	Have I checked serving size, amounts, Daily Values, ingredient forms, other ingredients, directions, and warnings?	
■	**8. Dose and duration**	Do I know how much I plan to take, how often, for how long, and when I will reassess?	
■	**9. Product details**	Can I identify the responsible company, lot number, expiration date, and contact information?	
■	**10. Professional advice**	Have I discussed unresolved questions with a pharmacist, doctor, or registered dietitian?	

My product details

PRODUCT	
SERVING SIZE	
PLANNED USE	
QUESTIONS / FOLLOW-UP DATE	

Important: Supplements are intended to complement the diet, not replace varied food or medical care. Stop and seek appropriate advice if you experience a concerning reaction. Keep a complete supplement list and share it with your healthcare professionals.