

Supplements Guide

- Check the supplement label to see its specific directions for how to take. If it states clearly to "take on an empty stomach" then take around 2 hours away from food. If it doesn't specify then you can take it with food, and probably should
- Fat soluble vitamins A, D, E, and K should always be taken with a meal containing fat
- Digestive enzymes or pepsin should be taken with meals containing protein

Morning – Breakfast



- Vitamin D3
- Magnesium malate (if taking this type)
- CoQ10
- NAC
- Probiotics
- Prenatal
- Fish oil
- Calcium D Glucarate *
- Alpha Lipoic Acid*
- Myo-inositol*
- Selenium*

If taking thyroid medication in the morning, then take only that and delay these other supplements until the afternoon. Thyroid medication is generally better absorbed at night on an empty stomach but check with your doctor about your med specifically

Snack

- CoQ10, protein if needed

Afternoon – Lunch



- CoQ10 (last dose of CoQ10 should be before 2pm)
- NAC
- Extra folate doses if taking (or you can take this in the AM)

If delaying above morning supplements to the afternoon to take thyroid or other medication that can't be taken with other things, then double up your CoQ10 and NAC dose here

Evening – Dinner



- NAC (if tolerated at night, otherwise you can double the morning or afternoon dose)
- Magnesium bisglycinate (or if this makes you too sleepy you can take it at bedtime)
- Pistachios with dinner to help with melatonin production

Before Bed

- Magnesium if this makes you tired (and if you're not taking thyroid medication at night)
- Thyroid medication (best taken away 3-4 hours from other supplements and on an empty stomach to enhance absorption)
- Melatonin (some reports of anxiety when taking this with thyroid medication, though it is very rare)

*Can be taken at any time of day

Supplements Planner

Print this page out and write in what supplements you're taking and what times are best for you. I'm here to help you figure this out if you need!

Morning _____ _____ _____

Breakfast: _____ _____ _____
 _____ _____ _____
 _____ _____ _____

Snack: _____ _____

Afternoon _____ _____ _____

Lunch: _____ _____ _____
 _____ _____ _____

Evening _____ _____ _____

Dinner: _____ _____ _____
 _____ _____ _____

Before _____ _____ _____

Bedtime: _____ _____ _____

Take on
empty stomach: _____ _____ _____

Time I plan on taking these: @ _____ @ _____ @ _____