

Zenova Wellness • Personal Protocol Series

Product Routine Builder Worksheet

Design your personalized Zenova wellness ritual

Name:

[Your Name]

Date Created:

[Date]

Last Reviewed / Updated:

Location:

[Location]

"The right routine, consistently followed, is more powerful than any single product."

Building a personalized wellness routine is one of the most meaningful investments you can make in yourself — and this worksheet is your guide to doing exactly that. Not every product works the same way for every person, and not every routine fits every lifestyle. That's why your Zenova protocol starts with *you* — your goals, your schedule, your body, and your priorities.

Consistency is the real secret. A simple routine practiced daily will always outperform a complex one practiced occasionally. This worksheet is designed to help you design

something that fits your actual life — not an idealized version of it — so you can build a practice that feels natural, sustainable, and genuinely yours.

Work through each section at your own pace. You can complete it in one sitting or return to it over several days. Revisit it every 30–90 days to refine and evolve your protocol as your wellness journey grows. Welcome to your ritual, [Your Name].

Important Notice:

This worksheet is for personal wellness planning purposes only and does not constitute medical advice. All supplement and wellness product use should be discussed with a qualified healthcare professional, especially if you have existing health conditions or take medications. No statements in this worksheet are intended to diagnose, treat, cure, or prevent any disease or medical condition.

01 Before You Build — Know Why

"The most effective routine starts with clarity on what you're supporting. Before you reach for a single product, get honest about where you are and where you want to go."

Use the table below to assess your current experience across key wellness areas. Rate your priority level from **1 (low priority)** to **5 (highest priority)**. This foundation shapes every decision you'll make in the sections ahead.

Wellness Area	My Current Experience	What I Want to Support	Priority (1–5)
Energy & Vitality			

Wellness Area	My Current Experience	What I Want to Support	Priority (1–5)
Sleep Quality			
Stress & Nervous System			
Mood & Emotional Balance			
Focus & Mental Clarity			
Hydration & Cellular Health			
Digestive Wellness			
Immune Support			
Physical Performance & Recovery			
Hormonal Balance			
Skin & Beauty from Within			
Weight & Metabolism Support			
Overall Longevity			

My Top 3 Wellness Priorities Right Now

Based on your ratings above, identify your three most important focus areas. These should guide your routine design.

Priority 1:

Priority 2:

Priority 3:

Supplement / Product	Dose	With Food? Y/N	Timing (exact)	Purpose	Notes

Best Practice Tip

Some supplements are best taken with food, others on an empty stomach — and some interact with caffeine or other supplements. Confirm timing and combinations with your healthcare provider for best results.

C — Morning Nutrition Window

Breakfast Goal:	
Protein Target (general):	
Foods I Aim to Include:	
Foods I Aim to Limit:	

D — Morning Movement

Type of Movement	Duration	Intensity Level

How movement fits into my morning:

E — Morning Mindset Practice

Practice	Include? Y/N	Notes / Specifics
Journaling		
Meditation		
Breathwork		
Reading		
Other:		

Total mindset practice duration goal:

F — My Complete Morning Routine — Time-Block Summary

Map your full morning by filling in each block with your planned activity, supplement timing, or wellness practice.

5:00 AM – 5:30 AM	
5:30 AM – 6:00 AM	
6:00 AM – 6:30 AM	
6:30 AM – 7:00 AM	
7:00 AM – 7:30 AM	
7:30 AM – 8:00 AM	
8:00 AM – 8:30 AM	
8:30 AM – 9:00 AM	
9:00 AM – 9:30 AM	
9:30 AM – 10:00 AM	

04 Your Midday Reset — Sustain Your Momentum

Midday is where routines often fall apart. Protect this window intentionally. A well-designed midday reset may support your afternoon energy, focus, and emotional steadiness — without relying on stimulants or willpower alone.

A — Midday Supplement Protocol

Supplement / Product	Dose	Timing	Purpose	Notes

B — Midday Hydration Check

Water Target by Midday (oz):	
My Midday Hydration Habit:	
Electrolyte Practice (Y/N):	
Product / Type:	

C — Midday Nutrition

Lunch Goal:	
Energy-Sustaining Foods to Include:	
What I Avoid at Lunch for Afternoon Focus:	

D — Midday Movement & Reset

Reset Practice	Include? Y/N	Duration / Notes
Walking break		
Stretch routine		
Breathwork		
Screen break		

E — My Midday Routine — Time-Block Summary

Map your midday window. Use this schedule to anchor your supplements, meals, and reset practices.

Time Block	My Planned Activity / Practice / Product
11:00 AM – 11:30 AM	
11:30 AM – 12:00 PM	
12:00 PM – 12:30 PM	
12:30 PM – 1:00 PM	
1:00 PM – 1:30 PM	
1:30 PM – 2:00 PM	
2:00 PM – 2:30 PM	

Time Block	My Planned Activity / Practice / Product
2:30 PM – 3:00 PM	

05 Your Evening Ritual — Wind Down With Intention

How you end your day determines how you begin the next one. Your evening ritual is not just about sleep — it's about completing the day with purpose, releasing tension, and preparing your mind and body for deep restoration.

A — Evening Supplement Protocol

Supplement / Product	Dose	Timing	Purpose	Notes

Note on Evening Supplements

Evening supplements — including those intended to complement your wind-down routine — may support your transition to rest. Always follow individual product guidance and discuss your complete evening supplement stack with your healthcare provider.

B — Evening Nutrition Window

Dinner Time Goal:	
Foods That Support My Evening Energy:	
Foods I Avoid After ___pm:	
Evening Hydration Plan:	

C — Sleep Preparation Protocol

Screen-Off Time Goal:	
Target Lights-Out Time:	

Wind-Down Activities

Activity	Include? Y/N	Notes / Specifies
Stretching		
Reading		
Journaling		
Meditation		
Herbal Tea		
Warm Bath or Shower		

Activity	Include? Y/N	Notes / Specifies
Breathwork		
Aromatherapy		
Other:		

Room Environment Checklist

Environment Factor	Goal / Y/N	How I Achieve It
Room is Dark		
Room is Cool		
Room is Quiet		
Phone Stored Away		

D — Evening Mindset Close

Practice	Y / N	How / What
Gratitude practice		
Tomorrow prep (lay out items, review schedule)		
Stress discharge practice		


E — My Complete Evening Routine — Time-Block Summary

Design your evening wind-down intentionally. Fill each block with your planned practice, supplement timing, or restoration activity.


Time Block	My Planned Activity / Practice / Product
6:00 PM – 6:30 PM	
6:30 PM – 7:00 PM	
7:00 PM – 7:30 PM	
7:30 PM – 8:00 PM	
8:00 PM – 8:30 PM	
8:30 PM – 9:00 PM	
9:00 PM – 9:30 PM	
9:30 PM – 10:00 PM	
10:00 PM – 10:30 PM	

06 Your Zenova Daily Protocol — The Full Picture

This is your quick-reference card — a one-page snapshot of your complete daily Zenova protocol. Once your routine is designed, transfer your key practices and product timings here. Keep this card visible.

 MORNING

 MIDDAY

 EVENING

WAKE TIME:

MIDDAY RESET TIME:

DINNER TIME:

FIRST HYDRATION:

MIDDAY SUPPLEMENTS:

EVENING SUPPLEMENTS:

MORNING SUPPLEMENTS:

MOVEMENT:

HYDRATION TARGET:

WIND-DOWN ACTIVITIES:

MINDSET PRACTICE:

LUNCH GOAL:

LIGHTS-OUT TARGET:

BREAKFAST GOAL:

MOVEMENT / RESET:

MINDSET CLOSE:

My Weekly Non-Negotiables

What are the 5 wellness commitments you will honor every single week — no matter what?

Write them here as personal promises.



07 Is Your Routine Working for You?

Return to this section at the end of each month to assess your progress, notice patterns, and refine your personalized protocol. Honest self-reflection is one of the most powerful wellness tools you have.

Monthly Review Cadence: Set a recurring reminder on the last day of each month to complete this check-in. Your future self will thank you.

Monthly Check-In — Month 1

Month / Date of Review:

Routine Adherence This Month (estimate %):

Products / Supplements I was most consistent with:

Products / Supplements I struggled to take consistently:

Wellness area where I noticed the most positive change:

Wellness area where I want to see more progress:

What I want to add to my routine:

What I want to remove or adjust:

When did I last review this routine with a healthcare provider?

Routine Rating This Month (circle one):

1 2 3 4 5 6 7 8 9 10

Monthly Check-In — Month 2

Month / Date of Review:

Routine Adherence This Month (estimate %):

Products / Supplements I was most consistent with:

Products / Supplements I struggled to take consistently:

Wellness area where I noticed the most positive change:

Wellness area where I want to see more progress:

What I want to add to my routine:

What I want to remove or adjust:

When did I last review this routine with a healthcare provider?

Routine Rating This Month (circle one):

1 2 3 4 5 6 7 8 9 10

Monthly Check-In — Month 3

Month / Date of Review:

Routine Adherence This Month (estimate %):

Products / Supplements I was most consistent with:

Products / Supplements I struggled to take consistently:

Wellness area where I noticed the most positive change:

Wellness area where I want to see more progress:

What I want to add to my routine:

What I want to remove or adjust:

When did I last review this routine with a healthcare provider?

Routine Rating This Month (circle one):

08 Routine Revision Log

Your routine is a living document. Use this log to track every meaningful change you make — what prompted it, what you changed, and what you observed afterward. Patterns in this log are some of your most valuable wellness data.

Date	What Changed	Why I Made the Change	Products Added / Removed	Outcome After 30 Days

Evolve With Intention: Routines should grow and shift as you do. Plan to formally review and revise your complete Zenova protocol every 30–90 days — or anytime your lifestyle, goals, or health circumstances change significantly.



09 Product Notes & Observations Log

Use this log to record notable experiences with any supplement or wellness product. This is not a medical journal — it's a personal record of what you notice. Your observations over time tell a story that no single data point can capture.

Date	Product	Observation / What I Noticed	Duration of Use	Consult Recommended Y/N

Your Observations Matter

Share any significant observations — whether positive changes or unexpected experiences — with your qualified healthcare provider. This log may be designed to complement, not

replace, your provider's professional guidance.



10 Notes & Free-Form Planning Space

Use these pages to brainstorm, dream, plan, and explore. Sketch out a future routine, capture an idea before it fades, or use this space to process what you're learning about your own wellness patterns. There are no rules here — only intention.

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Important Compliance & Safety Information

Please Read Before Using This Worksheet

For Personal Wellness Planning Only. This worksheet is intended for personal wellness planning purposes only. It is not a medical document, a clinical protocol, or a substitute for professional healthcare advice, diagnosis, or treatment. All content is designed to complement — not replace — the guidance of a qualified healthcare professional.

No Medical Claims. Nothing in this worksheet is intended to diagnose, treat, cure, or prevent any disease or health condition. References to supplement or product use are general and non-prescriptive. Phrases such as "may support," "designed to complement," and "intended for personal use" reflect the general, non-clinical intent of this document.

Supplement & Product Safety. Dietary supplements and wellness products are not regulated in the same way as prescription medications. Individual responses to supplements vary. Some supplements may interact with medications, existing health conditions, or other supplements. Always consult a licensed healthcare provider — including your physician, pharmacist, registered dietitian, or qualified naturopathic practitioner — before beginning, changing, or discontinuing any supplement or wellness product regimen.

Vulnerable Populations. If you are pregnant, nursing, under 18, elderly, or managing a chronic health condition, please consult your healthcare provider before using any supplement or wellness product referenced or planned using this worksheet.

Emergency Situations. This worksheet is not designed for use in medical emergencies. If you experience any adverse reaction to a supplement or product, discontinue use immediately and contact your healthcare provider or

emergency services.

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Prepared for: **[Your Name]** Created: [Date] |
[Location] Review every 30–90 days