

DON'T JUST TAKE OUR WORD FOR IT.

Try our free journal and see for yourself.
Record your experience for one week and see what you notice. Stick with it for six months and be amazed.

week 1

QUESTIONS (to be filled out at the beginning of the week)

Generally, how do you feel?	Do you have any physical discomforts?	Describe any current challenges.	Describe any enhanced joy, ease, awareness, strength, clarity.	Describe your energy level. Describe your energy level. How did you sleep at night?

WEEKLY STATUS

Describe your day in a few words. Write down any notable or unusual, experiences (thoughts, actions, events, emotions, etc.)	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
How many times per day you used the essences (check one)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+

week 2

QUESTIONS (to be filled out at the beginning of the week)

Generally, how do you feel?	Do you have any physical discomforts?	Describe any new insights or perspectives.	Describe any enhanced joy, ease, awareness, strength, clarity.	Describe your energy level. Describe your energy level. How did you sleep at night?

WEEKLY STATUS

Describe your day in a few words. Write down any notable or unusual, experiences (thoughts, actions, events, emotions, etc.)	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
How many times per day you used the essences (check one)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+

Week 3

QUESTIONS (to be filled out at the beginning of the week)

Generally, how do you feel?	Do you have any physical discomforts?	Describe any new insights or perspectives.	Describe any enhanced joy, ease, awareness, strength, clarity.	Describe your energy level. Describe your energy level. How did you sleep at night?

WEEKLY STATUS

Describe your day in a few words. Write down any notable or unusual, experiences (thoughts, actions, events, emotions, etc.)	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
How many times per day you used the essences (check one)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+

Week 4

QUESTIONS (to be filled out at the beginning of the week)

Generally, how do you feel?	Do you have any physical discomforts?	Describe any new insights or perspectives.	Describe any enhanced joy, ease, awareness, strength, clarity.	Describe your energy level. Describe your energy level. How did you sleep at night?

WEEKLY STATUS

Describe your day in a few words. Write down any notable or unusual, experiences (thoughts, actions, events, emotions, etc.)	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
How many times per day you used the essences (check one)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+

Congratulations!

You have finished a full month of flower essences. Look back on this last month and reflect on any changes in mood, state of mind, and occurrences of anything unusual or out of the ordinary. For more information, or to order more flower essences, visit www.lotuswei.com

NOTES:
