



JOY JUICE JOURNAL

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? | How often do you experience joy? | Describe any worry, complication, seriousness. | Describe how often you play and have fun. | How often do you laugh? |
| | | | | |

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 2

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

| | | | | |
|-----------------------------|-------------------------------------|--|---|-------------------------|
| Generally, how do you feel? | Describe recent experiences of joy. | What are you doing to play and have fun? | Describe any insights related to happiness. | How often do you laugh? |
| | | | | |

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 | |
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week 3

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

| | | | | |
|-----------------------------|-------------------------------------|--|---|-------------------------|
| Generally, how do you feel? | Describe recent experiences of joy. | What are you doing to play and have fun? | Describe any insights related to happiness. | How often do you laugh? |
| | | | | |

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? | Describe recent experiences of joy. | What are you doing to play and have fun? | Describe any insights related to happiness. | How often do you laugh? |
| | | | | |

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 | |
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Congratulations!

You have completed a full month of Joy Juice. Reflect and write about any changes in your experiences of joy, laughter, sense of freedom, fun, and enjoyment of life. And what's next? Keep evolving at www.lotuswei.com

NOTES:
