



QUIET MIND 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?	Any physical tension? Where?	Describe your state of mind.	How are you sleeping?	Describe any lack of clarity.

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?	Any physical tension?	Describe your state of mind.	How are you sleeping?	Describe any enhanced clarity.

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 3

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

Generally, how do you feel?	Any physical tension?	Describe your state of mind.	How are you sleeping?	Describe any enhanced clarity.

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 4

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

Generally, how do you feel?	Any physical tension?	Describe your state of mind.	How are you sleeping?	Describe any enhanced clarity.

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+

Congratulations!

You have completed a full month of Quiet Mind. Reflect and write about any changes in your experiences of clarity, efficiency, deep sleep, relaxation, ability to let things go and be in the moment. And what's next? Keep evolving at www.lotuswei.com

NOTES:
