



INFINITE LOVE

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?	What kind of love would you like more of?	Describe any sense of lack of love.	What opportunities would you like to attract?	What are your self-care rituals?

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 your current experience of love.	In what ways have you been kinder toward yourself?	Describe any attention or affection you're receiving.	Describe your self-care rituals.

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?	Describe your current experience of love.	In what ways have you been kinder toward yourself?	Describe any attention or affection you're receiving.	Describe your self-care rituals.

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 your current experience of love.	In what ways have you been kinder toward yourself?	Describe any attention or affection you're receiving.	Describe your self-care rituals.

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 completed a full month of Infinite Love. Reflect and write about any changes in your experiences of self-love, self-kindness, giving & receiving love, feeling beautiful, & taking care of yourself. And what's next? Keep evolving at www.lotuswei.com

NOTES:
