



# INNER PEACE 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?	Describe current stresses.	Describe any sense of lack of support.	Describe any fears.	Describe any overwhelm.

## 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 any new sense of ease or relief.	Where are you experiencing more support?	In what areas do you feel stronger?	How often do you feel peaceful?

## 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 any new sense of ease or relief.	Where are you experiencing more support?	In what areas do you feel stronger?	How often do you feel peaceful?

## 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 any new sense of ease or relief.	Where are you experiencing more support?	In what areas do you feel stronger?	How often do you feel peaceful?

## 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 Inner Peace. Reflect and write about any changes in your experiences of calm, confidence, comfort, ease, strength, and courage. And what's next? Keep evolving at [www.lotuswei.com](http://www.lotuswei.com)

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