



RADIANT ENERGY 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 your vitality level.	Do you feel drained or energetic?	How strong do you feel?	Describe any fatigue or exhaustion.

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 energy level.	Do you feel stronger?	Do you feel recharged?	How radiant do you look?

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 energy level.	Do you feel stronger?	Do you feel recharged?	How radiant do you look?

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 energy level.	Do you feel stronger?	Do you feel recharged?	How radiant do you look?

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 Radiant Energy. Reflect and write about any changes in your experience of vitality, energy, radiance, strength, and power of presence. And what's next? Keep evolving at www.lotuswei.com

NOTES:
