

Vitality Event Worksheet

STEP ONE: PRIOR to your Vitality event, please fill out the following 3 questions:

1. What things are standing in the way of you experiencing Physical Vitality in your life (health issues, physical challenges, etc)?

[illegible]

2. What things are standing in the way of you experiencing Emotional Vitality in your life (emotional challenges, stress, etc)?

[illegible]

3. What things are standing in the way of you experiencing Financial Vitality in your life (financial challenges, budgeting, expenses, income, etc)?

[illegible]

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STEP TWO: Within 24 hours of your Vitality event, complete the following task. If you are unsure, or don't have the resources, you will be offered personalized help with this step:

Use any or all of the following resources to complete this step:

1. Essential oil reference books. (Modern Essentials, Essential Life, etc.)
2. Droplii App. You can download this free essential oil resource app on your smartphone, by following these steps...
 - a) ON your smartphone, open the browser, and go to: www.droplii.com
 - b) Enter the following mentor code: learnabouteos
 - c) Follow the prompts to install the Droplii app on your phone.
 - d) You now have an awesome essential oil resource app free for life!
3. dōTERRA Daily Drop App from your smartphone's App store
 - a) Use the Determine Your Mood feature in the menu
4. The dōTERRA Emotions Wheel on the following page
5. Google. A simple Google search ,such as "what is the best essential oil to use for XXX"

Now, follow these steps:

- Determine your top 3-5 challenges that you wrote down in Questions #1 & 2, and write them in the applicable spaces below.
- Using any of these resources, find the best essential oils to address the items that you wrote down from Questions #1 & #2.

What are the top 3-5 items that you identified from Question #1.

Challenge/Concern:	Essential Oil Suggestions
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

What are the top 3-5 items that you identified from Question #2.

Challenge/Concern:	Essential Oil Suggestions
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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dōTERRA Emotions Wheel



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STEP THREE: PRIOR to your Vitality event, complete this page.

1. At which stores do you currently buy your personal care, home care, and health care products?

2. What are the loyalty programs at those stores? Do they give you gas points, rebates, coupons, etc? If so, how much do they give back to you?

Put an X next to any of the following products that you use, and note approximately how much you spend on these products monthly. Add up the cost for each column, then add up the totals from all 3 columns.

Product	Cost	Product	Cost	Product	Cost
<input type="checkbox"/> Vitamins	<input type="text"/>	<input type="checkbox"/> Hair Styling Products	<input type="text"/>	<input type="checkbox"/> Antacids	<input type="text"/>
<input type="checkbox"/> Protein Shakes	<input type="text"/>	<input type="checkbox"/> Bar Soap	<input type="text"/>	<input type="checkbox"/> Green Drinks	<input type="text"/>
<input type="checkbox"/> Fish Oil/Omegas	<input type="text"/>	<input type="checkbox"/> Bath/Shower Gel	<input type="text"/>	<input type="checkbox"/> Hand/Body Lotion	<input type="text"/>
<input type="checkbox"/> Muscle Rub	<input type="text"/>	<input type="checkbox"/> Facial Toner	<input type="text"/>	<input type="checkbox"/> First Aid Cream	<input type="text"/>
<input type="checkbox"/> Anti-Inflammatories	<input type="text"/>	<input type="checkbox"/> Facial Cleanser	<input type="text"/>	<input type="checkbox"/> Acne Products	<input type="text"/>
<input type="checkbox"/> Weight Loss Products	<input type="text"/>	<input type="checkbox"/> Facial Moisturizer	<input type="text"/>	<input type="checkbox"/> Shampoo	<input type="text"/>
<input type="checkbox"/> Enzymes	<input type="text"/>	<input type="checkbox"/> Anti-Aging Serum	<input type="text"/>	<input type="checkbox"/> Conditioner	<input type="text"/>
<input type="checkbox"/> Probiotics	<input type="text"/>	<input type="checkbox"/> Cough Drops	<input type="text"/>	<input type="checkbox"/> Hair Treatment Products	<input type="text"/>
<input type="checkbox"/> Bone Nutrients	<input type="text"/>	<input type="checkbox"/> Vicks	<input type="text"/>	<input type="checkbox"/> Laundry Detergent	<input type="text"/>
<input type="checkbox"/> Childrens Vitamins	<input type="text"/>	<input type="checkbox"/> Household Cleaners	<input type="text"/>	<input type="checkbox"/> Toothpaste	<input type="text"/>
<input type="checkbox"/> Cleanse Products	<input type="text"/>	<input type="checkbox"/> Hand Soap	<input type="text"/>	<input type="checkbox"/> Hormone Support	<input type="text"/>
<input type="checkbox"/> Energy Supplement/Drink	<input type="text"/>	<input type="checkbox"/> Hair Repair Serum	<input type="text"/>		
Total	<input type="text"/>	Total	<input type="text"/>	Total	<input type="text"/>

What is your total monthly cost on all of these items? \$_____

Multiply your total by .10 = \$_____

Multiply your total by .30 = \$_____

Are you getting a cash rebate where you are currently shopping? (circle one) Yes / No

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STEP FOUR: AFTER to your Vitality event, complete this page, with your Vitality Coach.

Transfer the recommended oils/products from STEP TWO, and based on the concerns/challenges that they address, prioritize them with a 1, 2, or 3. (1 being the top priority, and so on)

[illegible]

List the items from STEP THREE that you are currently purchasing for use in your home. Prioritize them based on how soon you will need to purchase it again. (1 means you will need it in the next 30 days, 2 means you will need to purchase it in the next 60 days, and 3 means you will need to purchase it in the next 90 days. You can use more than one number per item, if you need to buy it monthly, etc.)

[illegible]

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STEP FOUR continued: Using the lists on the previous page, divide these oils/products into 3 monthly orders to spread out over the next 90 days.

My next LRP Order (Priority #1 items):

Order Date: _____

Oil/Product

Household/Personal Products

Lifelong Vitality Pack _____

My 2nd LRP Order (Priority #2 items):

Order Date: _____

Oil/Product

Household/Personal Products

Lifelong Vitality Pack _____

My 3rd LRP Order (Priority #3 items):

Order Date: _____

Oil/Product

Household/Personal Products

Lifelong Vitality Pack _____

Your Vitality Coach will work with you to help you learn about the Loyalty Rewards Program, and help you get your orders set up.

When you join in on the 90 Day Vitality Challenge, you will have tremendous support and prizes that will help you accomplish your Vitality Goals!

If you are not currently a dōTERRA customer, you have the opportunity this month to get a FREE box of Lifelong Vitality Pack! Ask your Coach for details!