

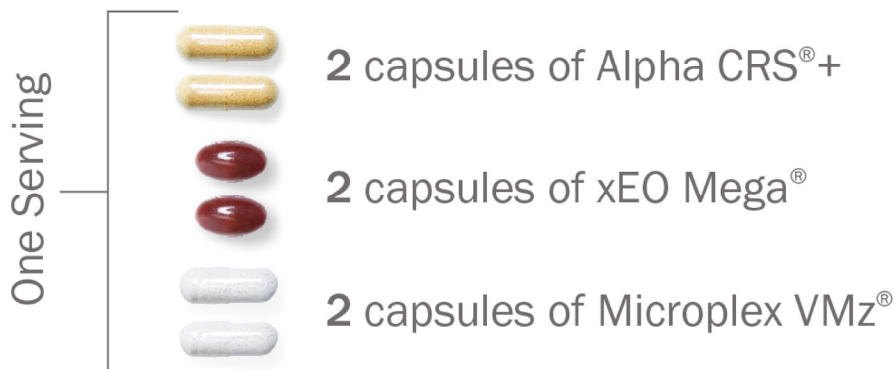
dōTERRA®

Lifelong Vitality 30-Day Challenge

Have you experienced the life-changing benefits of Lifelong Vitality?

How to use the Lifelong Vitality Pack

Take one serving, **TWICE** each day with food to look, feel, and live younger, longer.* One serving consists of:



*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.



STEP 1:

Circle one: 1 = Never me! 5 = Always me!

- 1 2 3 4 5 My sleep is satisfying and I awake feeling rested
- 1 2 3 4 5 I live a life free of chronic aches and pains
- 1 2 3 4 5 I have strong immune function and resist getting sick
- 1 2 3 4 5 I am emotionally balanced and not stressed or anxious
- 1 2 3 4 5 I have energy and vitality throughout the day
- 1 2 3 4 5 My mental focus and memory are quick and sharp
- 1 2 3 4 5 My skin and hair are healthy and beautiful

Would you like to improve your lower scores?

How would your life change if these areas of your health improved?



STEP 2:

Start Date: _____

When you take LLV twice a day for 30 days, you'll start to see a difference in how you feel. Use this calendar to stay on track—check off each box after you take your LLV.

30 Days to Wellness

1 <input type="checkbox"/> AM <input type="checkbox"/> PM	2 <input type="checkbox"/> AM <input type="checkbox"/> PM	3 <input type="checkbox"/> AM <input type="checkbox"/> PM	4 <input type="checkbox"/> AM <input type="checkbox"/> PM	5 <input type="checkbox"/> AM <input type="checkbox"/> PM
6 <input type="checkbox"/> AM <input type="checkbox"/> PM	7 <input type="checkbox"/> AM <input type="checkbox"/> PM	8 <input type="checkbox"/> AM <input type="checkbox"/> PM	9 <input type="checkbox"/> AM <input type="checkbox"/> PM	10 <input type="checkbox"/> AM <input type="checkbox"/> PM
11 <input type="checkbox"/> AM <input type="checkbox"/> PM	12 <input type="checkbox"/> AM <input type="checkbox"/> PM	13 <input type="checkbox"/> AM <input type="checkbox"/> PM	14 <input type="checkbox"/> AM <input type="checkbox"/> PM	15 <input type="checkbox"/> AM <input type="checkbox"/> PM
16 <input type="checkbox"/> AM <input type="checkbox"/> PM	17 <input type="checkbox"/> AM <input type="checkbox"/> PM	18 <input type="checkbox"/> AM <input type="checkbox"/> PM	19 <input type="checkbox"/> AM <input type="checkbox"/> PM	20 <input type="checkbox"/> AM <input type="checkbox"/> PM
21 <input type="checkbox"/> AM <input type="checkbox"/> PM	22 <input type="checkbox"/> AM <input type="checkbox"/> PM	23 <input type="checkbox"/> AM <input type="checkbox"/> PM	24 <input type="checkbox"/> AM <input type="checkbox"/> PM	25 <input type="checkbox"/> AM <input type="checkbox"/> PM
26 <input type="checkbox"/> AM <input type="checkbox"/> PM	27 <input type="checkbox"/> AM <input type="checkbox"/> PM	28 <input type="checkbox"/> AM <input type="checkbox"/> PM	29 <input type="checkbox"/> AM <input type="checkbox"/> PM	30 <input type="checkbox"/> AM <input type="checkbox"/> PM

Caution: If you experience discomfort, consider reducing dosage. If discomfort persists, discontinue use and consult a physician. For any usage or safety questions, please contact dōTERRA customer service 1-800-411-8151



STEP 3:

After 30 days, answer these questions:

Circle one: 1 = Never me! 5 = Always me!

- 1 2 3 4 5 My sleep is satisfying and I awake feeling rested
- 1 2 3 4 5 I live a life free of chronic aches and pains
- 1 2 3 4 5 I have strong immune function and resist getting sick
- 1 2 3 4 5 I am emotionally balanced and not stressed or anxious
- 1 2 3 4 5 I have energy and vitality throughout the day
- 1 2 3 4 5 My mental focus and memory are quick and sharp
- 1 2 3 4 5 My skin and hair are healthy and beautiful

Do you notice a difference?

Which areas of your health have improved?



Keep the healthy habits going!
Scan the QR code to add LLV to your LRP order.

