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**Meditation Week** \_\_\_\_\_ **Report** Date \_\_\_\_\_\_\_\_\_\_

Technique used - Anapana, Noting Body Sensations, Thinking Mind, Emotions, Do Nothing

 Free Floating Awareness

How many times did you meditate this week? \_\_\_\_\_

How long was the longest? The shortest? \_\_\_\_\_ \_\_\_\_\_

How many times did you meditate each day? \_\_\_\_\_

What time(s) of day did you meditate? \_\_\_\_\_ \_\_\_\_\_

Do you have family support for meditation ‘time out’? \_\_\_\_\_

How comfortable did you feel with the practice? 1- Least 10- Most \_\_\_\_\_

Where did you meditate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was that a satisfactory environment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any disturbances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your most pleasant experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your least pleasant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What elements of the practice do you need more help with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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