



Meditation Essentials

Meditation Journal

AWARENESS

DATE TIME

WEATHER

MOON PHASE

DURATION TYPE

STRUCTURE

MUSIC OR SOUND?
YES/NO Who or what:

ENVIRONMENT

What did you experience through the following senses

SEE FEEL

SMELL HEAR

GRATITUDE

I am grateful for:.....

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MEDITATION

WHAT I FELT DURING MY MEDITATION

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WHAT I AM FEELING AFTER MY MEDITATION

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EVALUATION

THINGS I AM THINKING THAT INFLUENCE MY MOOD

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THINGS I DO THAT INFLUENCE MY MOOD

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