



Meditation Worksheet

Name: _____ Week: _____

Day	Minutes	What supported you?	What was challenging?	Observations	Questions for class?
1					
2					
3					
4					
5					
6					
7					



* What was most challenging

To make time

Avoiding it

Resistance

etcetcetc

*What can you say about your:

Motivation

Alertness

Calmness

Enjoyment

Body Awareness

Effort

Degree of mental pre-occupation

Ability to 'let go'

Quietness of the 'thinking' mind

Concentration