



## Your Meditation Journal

Today's date:

Day of the week:

Time of day:

How long:

What meditation method you did today:

Things you enjoyed during this meditation:

Things you would like to work on to meditate more effectively:

Changes you've noticed in your life today from your meditation:

5 Things are you grateful for today (Pick any area of your life):

- 1.
- 2.
- 3.
- 4.
- 5.