Your Meditation Journal

Todays 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.