

Jesus Mantra Transcendental Christ-Consciousness Meditation Data Collection

Participant Information

Name: _____

Age: _____

Email: _____

Phone: _____

Meditation Experience (years): _____

Date Started Meditation Practice: _____

Meditation Journal

Please record your meditation experiences for each session:

Day 1

Date & Time: _____

Duration (minutes): _____

Experience & Observations: _____

Day 2

Date & Time: _____

Duration (minutes): _____

Experience & Observations: _____

Day 3

Jesus Mantra Transcendental Christ-Consciousness Meditation Data Collection

Date & Time: _____

Duration (minutes): _____

Experience & Observations: _____

Day 4

Date & Time: _____

Duration (minutes): _____

Experience & Observations: _____

Day 5

Date & Time: _____

Duration (minutes): _____

Experience & Observations: _____

Day 6

Date & Time: _____

Duration (minutes): _____

Experience & Observations: _____

Jesus Mantra Transcendental Christ-Consciousness Meditation Data Collection

Day 7

Date & Time: _____

Duration (minutes): _____

Experience & Observations: _____
