| Trial One  | Date:           | Time:               | Location                     | Position   |
|--|-----------------|---------------------|------------------------------|--|
| Pre-Assessment:  | (How are you fe | eeling? What is you | Ir general stress level? How | do you feel in your body? How is your mood?        |
| Post Meditation:   | How does your   | mind/body feel no   | w. What changed/didn't? C    | Overall perception? What was difficult or natural? |
| Later reflection: how was the day different after?   |                 |                     |                              |  |
| Trial Two  | Date:           | Time:               | Location                     | Position   |
| Pre-Assessment:  |                 |                     |                              |  |
| Post Meditation  |                 |                     |                              |  |
| Later reflection: how was the day different after?   |                 |                     |                              |  |
| Trial Three  | Date:           | Time:               | Location                     | Position   |
| Pre-Assessment:  | (How are you fe | eeling? What is you | Ir general stress level? How | do you feel in your body? How is your mood?        |
| Post Meditation: How does your mind/body feel now. What changed/didn't? Overall perception? What was hard and what was easy? |                 |                     |                              |  |
| Later reflection: how was the day different after?   |                 |                     |                              |  |
| Impression after 3 trials:   |                 |                     |                              |  |
| What patients do you think could use this? When would you use it in life?  |                 |                     |                              |  |