


AWARENESS ONENESS WELLNESS MEDITATION PLANNER & LOG

PLAN AHEAD!

MAKE IT ROUTINE!

| YEAR: _____ MONTH: _____ | TYPE/NAME OF MEDITATION | BEFORE MEDITATION I FELT? (EMOTION/ FEELING) | AFTER MEDITATION I FELT? (EMOTION/ FEELING) | DURATION OF MEDITATION | COMPLETED  | NOTES & OBSERVATIONS |
|--|-------------------------|---|--|------------------------|--|-------------------------|
| SUNDAY DATE: _____ TIME: _____ | | | | MINUTES: _____ | <input type="checkbox"/> | _____ _____ _____ |
| MONDAY DATE: _____ TIME: _____ | | | | MINUTES: _____ | <input type="checkbox"/> | _____ _____ _____ |
| TUESDAY DATE: _____ TIME: _____ | | | | MINUTES: _____ | <input type="checkbox"/> | _____ _____ _____ |
| WEDNESDAY DATE: _____ TIME: _____ | | | | MINUTES: _____ | <input type="checkbox"/> | _____ _____ _____ |
| THURSDAY DATE: _____ TIME: _____ | | | | MINUTES: _____ | <input type="checkbox"/> | _____ _____ _____ |
| FRIDAY DATE: _____ TIME: _____ | | | | MINUTES: _____ | <input type="checkbox"/> | _____ _____ _____ |
| SATURDAY DATE: _____ TIME: _____ | | | | MINUTES: _____ | <input type="checkbox"/> | _____ _____ _____ |