



Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Meditation Survey

## Evaluating Your Practice

Below are a series of statements that pertain to your life and the way you perceive yourself.

Please select how strongly you agree or disagree with each statement

1- Strongly Agree, 2-Agree, 3-Somewhat Agree, 4-Neither Agree/Disagree

5- Somewhat Disagree, 6 - Disagree, 7- Strongly Disagree

I can easily get into a deep meditation. \_\_\_\_\_

I am aware of the effects of my meditation practice. \_\_\_\_\_

I trust my intuition and make decisions easily and quickly. \_\_\_\_\_

I am resilient to stress. \_\_\_\_\_

I am productive during my daily activities. \_\_\_\_\_

I am able to easily fall asleep and stay asleep. \_\_\_\_\_

My self-esteem levels are elevated. \_\_\_\_\_

My energy levels are elevated. \_\_\_\_\_

I feel a strong sense of connection. \_\_\_\_\_

My mood stays stable (without severe highs or lows). \_\_\_\_\_

I have a high state of wellbeing. \_\_\_\_\_

**Total =** \_\_\_\_\_

Re-evaluate periodically to see how your meditation practice may be affecting your life skills. There is no "right" or "wrong" answers here. Seek guidance in where you are.

\*Note: Lower numbers in your score can be more conducive to overall wellbeing levels.

