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

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

Time: \_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Session Questions:**

|  |  |
| --- | --- |
| How many caffeinated drinks have you had today? |  |
| How much time has elapsed since your last caffeinated drink (1 hour or less, 2 hours, 3 hours, etc.)? |  |
| How tense do you currently feel (relaxed, a little tense, stressed out)? |  |
| Have you been walking, exercising, or doing anything to elevate your heart rate significantly in the last 30 minutes (Y/N)? |  |

**Session 1:** Please list the three numbers in order from top to bottom on the monitor screen:

|  |  |  |  |
| --- | --- | --- | --- |
| Pre-test measures |  |  |  |
| Post-test measures |  |  |  |

|  |  |
| --- | --- |
| How would you rate your experience (1 = intense dislike; 2=mild dislike, 3=liked it a little, 4=liked it a lot, 5=absolutely loved it)? |  |

**Session 2:** Please list the three numbers in order from top to bottom on the monitor screen

|  |  |  |  |
| --- | --- | --- | --- |
| Pre-test measures |  |  |  |
| Post-test measures |  |  |  |

|  |  |
| --- | --- |
| How would you rate your experience (1 = very distracted, 2=somewhat distracted, 3=somewhat focused, 4=very focused, 5=deep meditative state)? |  |