

EEG Cardiorespiratory Investigation

Location _____

Date _____

Subject Information

Name _____

M / F

Age: _____

Lifetime Meditation Experience (Estimate of total number of hours)

	minutes	per year	years	total minutes	hours
Daily meditation (minutes)		X _____ days/yr			÷ 60 =
Weekly meditation (minutes)		X _____ weeks/yr			÷ 60 =
Short ~3-day retreats (per year)	____ hrs/day	X _____ per year			
Intensive ~7-day retreats (per yr)	____ hrs/day	X _____ per year			

TOTAL

Description of Practice

Please describe briefly your predominant meditation practice:

Subject Release Form

The purpose of this study has been described to me and I have had the opportunity to ask questions. I understand that my voice may be recorded for parts of this study and that EEG (electroencephalogram), EKG (electrocardiogram) and respiration data may be collected. I understand that personally identifiable information will not be shared. I agree that transcripts of my voice recordings, descriptions of meditation practice and experience, and EEG and EKG data may be used for scientific research and publication.

Name (Printed) _____

Signature _____

Date _____

Investigator: David Daiku Trowbridge _____