

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 _____