**Daily Home Practice Record – Session 1**

Record your mindfulness practices on this form. Also take some notes on anything that came up in the practice for you, things you noticed, and questions that you have.

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| **Day** | **A routine activity done mindfully. Completed? (Y/N)** | **Eat a meal mindfully.** **Completed? (Y/N)**  | **What did you notice in doing the practices today?**  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday  |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

Please reflect on talking about what you learned from this session with a support person in your life.