**Daily Home Practice Record – Session 7**

Please record your daily mindfulness practice on this form. Please use the final column to reflect on anything that came up for you in your practice.

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| --- | --- | --- | --- | --- |
| Day | **Formal mindfulness practice**(How many minutes did you practice? Which practice did you choose?)  | **3-minute breathing space** (How many times did you practice?) | **Coping 3-minute breathing space** (How many times did you practice?)  | **Reflections** |
| 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.