

Daily Home Practice Journal – Session 2

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.

| Day | Body Scan (How many minutes did you practice?) | Mindful routine activity (What activity did you do mindfully?) | 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.

A large, empty rectangular box with a thin black border, intended for the user to write their reflection on the session.