**Daily Home Practice Journal – Session 5**

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 | **Sitting meditation**  (How many minutes did you practice?) | **3-minute breathing space**  (How many times did you practice?) | **Coping 3-minute breathing space** (How many times did you practice?) | **Being with Baby or other 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.