**Daily Home Practice Journal – Session 6**

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 |  **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.