

### 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.

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