**Daily Home Practice Journal – Session 1**

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 | **Mindful routine activity**(What activity/activities did you do mindfully?) | **Eat a meal mindfully**(Which meal(s) did you eat mindfully?)  | **Reflections** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |