

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.

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			