

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 and to record any additional practices you chose to do that weren't designated as home practice for this week.

Day	Sitting meditation (Did you practice a sitting meditation on this day?)	3-minute breathing space (How many times did you practice?)	Coping 3-minute breathing space (How many times did you practice?)	Mindful routine activity (What activity/activities did you do mindfully?)	Reflections And any additional practices you utilized
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

