

Mindfulness Record

Day/Date	Practice Yes/no	Comments about the practice Emotions, thoughts, sensations, memories, occurrences Resistance (e.g. boredom, reasons for not doing practice)	Autopilot to Mindful brushing teeth, eating meal etc
Today	Yes (or No) 15mins	e.g. Felt relaxed (or tense bored anxious) Kept thinking of work, Easy/difficult returning to breath. Tense across shoulders. Disturbed by outside noise etc. Numb in upper legs (body scan)	Walk in park
Wednesday Date:			
Thursday Date:			
Friday Date:			
Saturday Date:			
Sunday Date:			
Monday Date:			
Tuesday Date:			

Day/Date	Practice Yes/no	Comments about the practice	Autopilot to Mindful
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Thursday Date:			
Friday Date:			
Saturday Date:			
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