

MINDFULNESS PRACTICE LOG

ID: _____

Day /Date	Formal Mindfulness Practice (Setting aside time to practice unguided or with a recording, such as Mindful Check-In, Body Scan, Breath Meditation, Sitting Meditation)	Informal Practice, On-the-Go or Mindfulness During Daily Activities (such as SOBER space, being mindful of daily activities like eating, walking, doing chores etc.)	Observations/Comments/Challenges
	Describe what you did: How many minutes total ? _____	Describe what you did: How many times total did you pause to do informal/on-the-go mindfulness? _____	
	Describe what you did: How many minutes total ? _____	Describe what you did: How many times total did you pause to do informal/on-the-go mindfulness? _____	
	Describe what you did: How many minutes total ? _____	Describe what you did: How many times total did you pause to do informal/on-the-go mindfulness? _____	
	Describe what you did: How many minutes total ? _____	Describe what you did: How many times total did you pause to do informal/on-the-go mindfulness? _____	
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