

Mindful Check-In Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Mindful Breathing Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

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Your experience: _____

Day and time: _____

Your experience: _____

Whole Body Awareness Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Body Scan and Mindful Floor Yoga Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Mindful Standing Yoga and Sitting Meditation Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Narrow-Gauge Walking and Meditation on Anxious Emotions Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Formal Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Mindful Reconciliation Meditation and Loving-Kindness Meditation Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Formal and Informal Practice Log

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

Your experience: _____

Day and time: _____

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Day and time: _____

Your experience: _____
