

Mindful Moments Life Practice Log

Name _____

Week Beginning _____

Enter the amount of time you practiced each of these mindfulness tools. Aim for at least 10 minutes five days per week.

| Practice | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|--------|---------|-----------|----------|--------|----------|--------|
| Body Scan | | | | | | | |
| Grounding Meditation | | | | | | | |
| Breath Poems | | | | | | | |
| Breath Practices | | | | | | | |
| Walking Meditation | | | | | | | |
| Standing Meditation | | | | | | | |
| Watching Thoughts Meditation | | | | | | | |
| Flashlight/Floodlight Meditation | | | | | | | |
| Taking in the Good | | | | | | | |
| Mindful Pause/ Three Breaths | | | | | | | |
| Getting Curious | | | | | | | |
| STOP (Stop, Pause, Observe, Proceed) | | | | | | | |
| Top Ten Thoughts | | | | | | | |
| Kindness Practice | | | | | | | |
| Inner Strength Practice | | | | | | | |
| Self-Compassion Practice | | | | | | | |
| Gratitude Practice | | | | | | | |
| RAIN (Recognize, Accept, Investigate, Nurture) | | | | | | | |