

Mindfulness Log

Name: _____

Date	Practice (Name & Length)	Sensations	General Observations
25/12/XX	1) Mindful breathing (5min) 2) Skygazing	1) Tingling sensations, salivating 2) Relaxing	1) Concentration initially was good, later more difficult. Many thoughts coming & going, started to think I am not good at this. 2) Enjoyable, relaxing, noticed shapes it was fun.