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FORM 5.1

Daily Mindfulness Practice Record

Directions: Use this form each day to record your practice of mindfulness-based exercises. Remember to record each time you practice, whether you used a guided meditation audio file, and the duration of your practice period. Also, record when you practiced during the day or evening. Record any observations or questions that may have arisen during your practice. You can discuss these observations with your therapist during your next meeting.

Date	Daily practice	Observations, comments, and questions
Monday Date: _____	Did you practice? (Yes or No) Did you use an audio guide? (Yes or No)	
Tuesday Date: _____	Did you practice? (Yes or No) Did you use an audio guide? (Yes or No)	
Wednesday Date: _____	Did you practice? (Yes or No) Did you use an audio guide? (Yes or No)	
Thursday Date: _____	Did you practice? (Yes or No) Did you use an audio guide? (Yes or No)	
Friday Date: _____	Did you practice? (Yes or No) Did you use an audio guide? (Yes or No)	
Saturday Date: _____	Did you practice? (Yes or No) Did you use an audio guide? (Yes or No)	
Sunday Date: _____	Did you practice? (Yes or No) Did you use an audio guide? (Yes or No)	