**PRACTICE RECORD FORM**

**WEEK 5**

**Record on this form each time you practice. Make notes for discussion at the next session.**

|  |  |  |
| --- | --- | --- |
| **Day/date** | **Practice****(Yes/No)** | **Comments** |
| Day/Date: | Seated meditation/Facing Aversion:Breathe:Mindful walking: |  |
| Day/Date: | Seated meditation/Facing Aversion:Breathe:Mindful walking: |  |
| Day/Date: | Seated meditation/Facing Aversion:Breathe:Mindful walking: |  |
| Day/Date: | Seated meditation/Facing Aversion:Breathe:Mindful walking: |  |
| Day/Date: | Seated meditation/Facing Aversion:Breathe:Mindful walking: |  |
| Day/Date: | Seated meditation/Facing Aversion:Breathe:Mindful walking: |  |