

Daily Record of Mindfulness of Thoughts

Use the scale below to indicate how you went with paying attention to your thinking, without judgment. You may also like to include comments about your practise such as what types of thoughts you experienced, your reaction to any thoughts, or perhaps why you missed a practise session.

| | | | | | | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|---|---|---|----|--------------------------|
| Not mindful of thoughts | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very mindful of thoughts |
|-------------------------|---|---|---|---|---|---|---|---|---|---|----|--------------------------|

| Day | Date / Time | Mindfulness level before practise | Mindfulness level after practise | Comments |
|-----|-------------|-----------------------------------|----------------------------------|----------|
| | Practise 1: | | | |
| | Practise 2: | | | |
| | Practise 1: | | | |
| | Practise 2: | | | |
| | Practise 1: | | | |

| | | | | |
|--|-------------|--|--|--|
| | Practise 2: | | | |
| | Practise 1: | | | |
| | Practise 2: | | | |
| | Practise 1: | | | |
| | Practise 2: | | | |
| | Practise 1: | | | |
| | Practise 2: | | | |
| | Practise 1: | | | |
| | Practise 2: | | | |