

"Mindfulness Awareness Practice"

Date: _____

SLEEP:

Wake up time: _____ Bed Time Prior Day: _____ Total hours sleep: _____

BODY AWARENESS:

Physical: _____ Mood: _____
Energy: _____ Digestive: _____

WEATHER: Depending on the season we detox, hydrate, balance, ground, nourish, rest

Season _____ Temperature when I wake up: _____ during the day: _____ night: _____

MY AFFIRMATION: I AM _____ **MY GRATITUDE:** I AM GRATEFUL FOR: _____

HEALTH: Nutrition Beauty/Hygiene Exercise Intellect Relationships Recreation Living Environment Give Back

SELF-CARE:

Daily Meditation: _____ min/hour Physical Activity: _____
Breathing: _____ Aromatherapy: _____
Restorative Pose _____ Self-love _____

DAILY NOURISHMENT:

Water: _____ at least 1 gallon

Breakfast:	Time:	_____
Snack:	Time:	_____
Lunch:	Time:	_____
Snack:	Time:	_____
Dinner:	Time:	_____

Feelings after eating: _____

Eating habits: _____

MY GROWTH:

I LET GO: _____

I ACCEPT: _____

Inhale, love... Exhale, gratitude!