

BREATHING JOURNAL

WEEK 1

Goal Duration: _____
How long will each daily breathing practice last?

Start Time: _____
At what time will you start your breathing practice each day?

Directions: Check the box if you did a breathing practice. Write the date, breathing practice, and how long you did it.

DAY 1:

BREATHING
PRACTICE _____

TIME
BREATHING _____

DAY 2:

BREATHING
PRACTICE _____

TIME
BREATHING _____

DAY 3:

BREATHING
PRACTICE _____

TIME
BREATHING _____

DAY 4:

BREATHING
PRACTICE _____

TIME
BREATHING _____

DAY 5:

BREATHING
PRACTICE _____

TIME
BREATHING _____

DAY 6:

BREATHING
PRACTICE _____

TIME
BREATHING _____

DAY 7:

BREATHING
PRACTICE _____

TIME
BREATHING _____