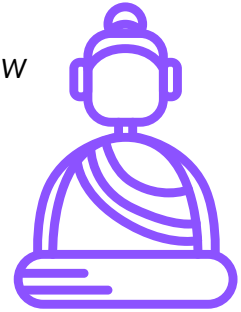


MINDFUL BUDDY

by Rebecca Ogle, LCSW



Do you want to practice mindfulness, but feel like you have no idea what you're doing?

Use this 'Mindful Buddy' worksheet to plan, carry out, and reflect on your mindfulness practice!

Write on this sheet before and after, NOT DURING, mindfulness practice.

PRE-MINDFULNESS PRACTICE

What is your intention for this practice? (Choose all that apply).

- | | |
|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> a. Staying with the breath | <input type="checkbox"/> d. Noticing thoughts |
| <input type="checkbox"/> b. Observing emotions | <input type="checkbox"/> e. Noticing judgments |
| <input type="checkbox"/> c. Observing body sensations | <input type="checkbox"/> f. Something else (write in): _____ |

How will you practice?

- | | |
|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> In silence | <input type="checkbox"/> With nature sounds |
| <input type="checkbox"/> With background music | <input type="checkbox"/> With a guided meditation |

How long will you practice for? (write in): _____ minutes

When you notice your mind has wandered from your intention, gently return to your intention.

POST-MINDFULNESS PRACTICE

Find your intention below. Reflect on what you observed during your practice. Check all that apply.

a. Staying with the breath

- I felt self-conscious about my breathing
- I noticed the air going in and out
- I noticed my lungs/stomach/chest move
- Other: _____

b. Observing emotions

- | | |
|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Anxiety/ stress | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Overwhelm | <input type="checkbox"/> Boredom |
| <input type="checkbox"/> Joy | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Other: _____ |

c. Observing body sensations

- | | |
|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Hunger/thirst | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Relaxed muscles |
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Other: _____ |

d. Noticing thoughts

- I thought about things I have to do
- I worried about something
- I thought about mindfulness
- Other: _____

e. Noticing judgments

- I judged my thoughts/feelings/behaviors
- I judged my ability to be mindful
- I judged others
- Other: _____

f. Something else

- _____
- _____
- _____
- _____