

 MEDITATION CHALLENGE: WEEKLY TRACKER

☐ **DATE + TIME:**

Practice Type + Duration: _____

Feel before?: _____

Feel after?: _____

Notes about the practice?: _____

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Feel before?: _____

Feel after?: _____

Notes about the practice?: _____

WEEKLY HARVEST:

✓ Celebrate (what went well?): _____

✓ What didn't go as planned (Why?) _____

✓ What do you want to try differently next week? _____