

Date: \_\_\_\_\_ Lunar phase: ○ \_\_\_\_\_

Meditation/Exercise: \_\_\_\_\_

Feelings/Emotions: \_\_\_\_\_

\_\_\_\_\_

Body sensations: \_\_\_\_\_

\_\_\_\_\_

Thoughts/Ideas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow up \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_