



MINDFUL YOGA ONLINE

# 30 DAYS OF YOGA MEDITATION

- Pick your start date and fill in the number of days
- Plan your schedule: pairing live and online classes
- Subscribe for our videos on [YouTube](#)
- Check in. We included a journal exercise each week and daily check in
- Be kind to yourself. It's okay to miss a day. Try again the next day.

|               | MONDAY                       | TUESDAY                      | WEDNESDAY                    | THURSDAY                     | FRIDAY                       | SATURDAY                     | SUNDAY                       |
|---------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>WEEK 1</b> | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     |
|               | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       |
|               | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        |
|               | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> |
| <b>WEEK 2</b> | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     |
|               | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       |
|               | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        |
|               | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> |

|        | MONDAY                       | TUESDAY                      | WEDNESDAY                    | THURSDAY                     | FRIDAY                       | SATURDAY                     | SUNDAY                       |
|--------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| WEEK 3 | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     |
|        | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       |
|        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        |
|        | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> |
| WEEK 4 | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     |
|        | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       |
|        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        |
|        | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> |
| WEEK 5 | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     | What practice will I do?     |
|        | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       | How did I feel before?       |
|        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        | How did I feel after?        |
|        | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> | Day <input type="checkbox"/> |

# PRE-PRACTICE JOURNAL

*Complete prior to your first practice or within the first few days.*

Why do I want to practice yoga and meditation for the next thirty days?

How am I currently feeling? How does my body feel and what are some emotions that are present right now?

How do I want this to change some ways that I live my life?

# WEEK 2 CHECK IN

*Complete at the end of week two.*

Was I able to practice every day? If so, what was helpful in maintaining a practice? If not, what were the obstacles? What are ways to overcome these obstacles?

As a whole, have I noticed any changes in my mind, body, or thoughts during this practice?

What are some ways I can practice kindness to myself this week?

# WEEK 3

*Complete at the end of week three.*

Was I able to practice every day? If so, is there anything I would like to keep or remain the same about this practice? If not, what are some ways I can make practicing daily more manageable? *Example: Some ways to make a practice more accessible are doing shorter practices or repeating some practices that you gravitate towards.*

As a whole, have I noticed any changes in my mind, body, or thoughts during this 30 day practice?

What are some ways I can practice kindness to myself this week? What are ways I can practice kindness towards others?

# WEEK 4

*Complete at the end of week four.*

What practices have I been gravitating towards? What do I notice about myself after these practices?

What practices have I avoided or disliked? Take a moment to ask yourself-- is it because it's too challenging, harmful, lack of enjoyment? As long as it is a practice that is not harmful to you, notice how felt before and after the practice.

Are there certain aspects about my practice that I can take off the mat?

# END OF THIRTY DAY PRACTICE

*Complete this after the entire thirty day practice. Review your workbook and take a moment to reflect. Notice what you wrote before the thirty days, the daily practices, and the weekly check ins.*

Did I notice any patterns? For example, days it was harder to practice?

As a whole, how do I feel in the mind and body?

What can I do moving forward to take care of myself? Are there lifestyle habits I want to pursue?