ASSESSING MINDFULNESS

Name: Date:

Determine if practicing mindfulness can help you in your daily life.

| | PROS | CONS |
|-----------------|------|------|
| Beginner's Mind | | |
| Non-judgment | | |
| Acceptance | | |
| Letting Go | | |
| Trust | | |
| Patience | | |
| Non-striving | | |
| Gratitude | | |
| Generosity | | |