Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dream Journal*

For next **3 nights**, record the answers to the following questions. Keep a pen and this paper by your bed so that you can take notes when necessary.

*\*\*\*Please do not include any confidential or inappropriate information!*

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time went to bed: \_\_\_\_\_\_\_\_\_\_\_\_\_

Time woke up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment on the quality of the night’s sleep (sound, peaceful, restless, # of times awakened in night, etc)

Do you remember any of your dreams? If so, write down as many details as you can remember about the dreams. (No inappropriate information)

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time went to bed: \_\_\_\_\_\_\_\_\_\_\_\_\_

Time woke up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment on the quality of the night’s sleep (sound, peaceful, restless, # of times awakened in night, etc)

Do you remember any of your dreams? If so, write down as many details as you can remember about the dreams. (No inappropriate information)

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time went to bed: \_\_\_\_\_\_\_\_\_\_\_\_

Time woke up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment on the quality of the night’s sleep (sound, peaceful, restless, # of times awakened in night, etc)

Do you remember any of your dreams? If so, write down as many details as you can remember about the dreams. (No inappropriate information)