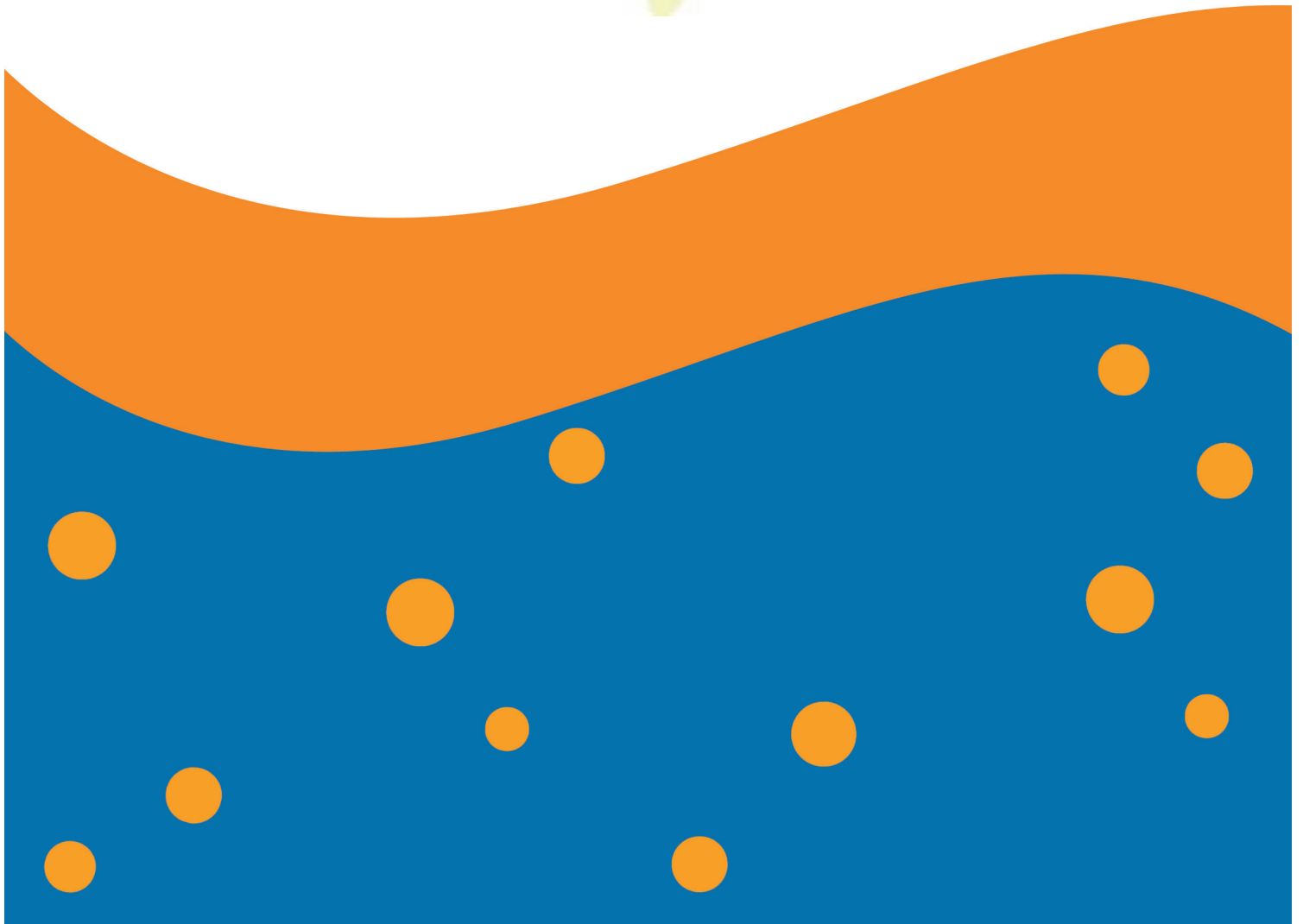


# Sleep and Dream Journal

Name:



Date:

<b>Sleep</b>	<b>Your Records</b>
What time did you start to get groggy?	
What time did you go to sleep?	
Did you wake up during the night at all? If so, when and why?	
What time did you wake up? How? (alarm, naturally, disturbance, etc.)	
How did you feel during the day? How did your level of sleep affect your day? Discuss mood, hunger, illness, daytime tiredness, concentration, etc.	
Did you get enough sleep? If not, how could you change this?	

<b>Dreams</b>	<b>Your Records</b>
Did you dream at all last night?	Yes <input type="radio"/> No <input type="radio"/>
How do you think your sleeping habits/times affected whether or not you dreamed?	
If so, what about? Provide as much detail as you can?	
Draw an image that depicts your most vivid memory of the dream?	
Did this dream have some significance to you? Was it about something that recently happened or completely random?	

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