

Dream Journal Activity

Name: _____

Day 1 Date: _____ **Time to Bed** _____ **Time Awake** _____

How many dreams from last night do you remember? _____

Were any of your dreams repeat dreams from the past? _____

What are 1-2 things you remember about your dream(s) last night?

Day 2 Date: _____ **Time to Bed** _____ **Time Awake** _____

How many dreams from last night do you remember? _____

Were any of your dreams repeat dreams from the past? _____

What are 1-2 things you remember about your dream(s) last night?

Day 3 Date: _____ **Time to Bed** _____ **Time Awake** _____

How many dreams from last night do you remember? _____

Were any of your dreams repeat dreams from the past? _____

What are 1-2 things you remember about your dream(s) last night?
