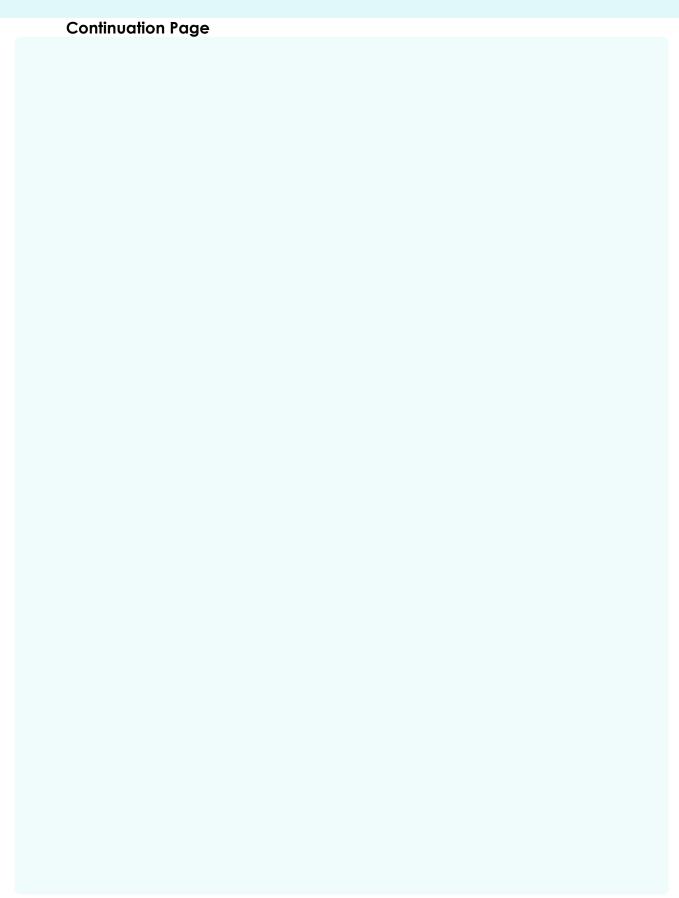
## DREAM CHECK SHEET

Date/ Day of the Week
Short Description of Dream
Write at least three sentences of the main details you remember
Have you had this dream before?YesNo
Is it a continuation of another dream?YesNo
Prevailing Themes
Emotions: Happy SadAngryDisappointedHurt SurprisedOther (explain)
Colors:RedWhiteBlueGreenOrangeBlackYellowPurpleOther (explain)
Location/Scenery:OutsideInsideFamiliarUnfamiliarChildhood home Work School Other (explain)
People:Sibling(s)Friend(s)Parent(s)Coworker(s)Stranger(s)Child(ren)Other (explain)
Animals:CatDogBearBirdSnakeAlligator/CrocodileSpiderFishSharkOctopusWhaleOther (explain)
Numbers (explain): Night or Day?
Could I move?YesNo Could I speak?YesNo
Anything particularly unusual (explain)?

## DREAM CHECK SHEET



## DREAM CHECK SHEET

Continuation Page	