Dream Entry

Date: _____
Time: _____
Bedtime Intention: _____

First Thing I Remember:

Dream Impressions:

☐ Good ☐ Bad ☐ Weird ☐ Funny ☐ Seemed Real ☐ Chaotic

☐ Lucid ☐ Confusing ☐ Other: _____

How it felt during the dream _____
How I felt when I woke up _____

Details That Stood Out Objects:

Colors:

Sounds:

Numbers:

People:

Places:

Words spoken:

Repeated images:

My Dream

☐ So Vivid ☐ Clear details ☐ Felt emotion ☐ Message/Sign:

☐ Dreamt it before ☐ Something else:

Body Clues When I Remember This Dream:

☐ Goosebumps ☐ Tight/Tense ☐ Relaxed ☐ Restless ☐ Tingling ☐ Shaky ☐ Light/Free ☐ Other:

Quick Notes:

Dream Recall:

Questions I Have About My Dream:

Questions the Dream Might Be Asking Me:

Pictures, symbols, imagery or more about my dream...

Anything happening in my life that this dream connects to:

If I Come Back Later...

A detail I remembered:

A piece of my dream showed up in waking life:

Something made more sense later:

Another dream connects this one because: