



# Chu Ann

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Questionnaire

Dreamworks

## Time

Date \_\_\_\_\_ Night from \_\_\_\_\_ to \_\_\_\_\_

Time \_\_\_\_\_

Short after falling asleep \_\_\_\_\_

Late at night \_\_\_\_\_

Before waking up \_\_\_\_\_

Basic idea (keywords) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Details (action, feelings, persons, things, context):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Interpretation

**Does the dream remind you on a special event which happened?**

**Which context do you assume between memory and dream**

**(keywords):** \_\_\_\_\_

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**How do you explain yourself this dream:** \_\_\_\_\_

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**Did you already dreamt something like this:**

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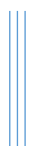
**When:** \_\_\_\_\_

**How many**

**times:** \_\_\_\_\_

**With which variances** \_\_\_\_\_

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## Food during the day

Lunch\_\_\_\_\_

Dinner\_\_\_\_\_

Semiluxury food (Coffee, Alcohol, Tabac etc.)

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## Health

Is there a body deformation\_\_\_\_\_

Any health problems

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Chronic\_\_\_\_\_

Since some time\_\_\_\_\_

New illness\_\_\_\_\_

Have there been health problems during the night (Fever e.g. in fact of a cold. Women please note menstruation or suspicion / hope / fear of pregnancy)

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