

# Image Rehearsal Therapy Dreamscapes Daily: Shannon Stoehr CS 464 Final Project (Spring 2022)

Daily journal for IRT Dreamscapes.

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\* Required

What is today's date? \*

Date

mm/dd/yyyy

Did you have a nightmare last night? \*

☐ Yes

☐ No

Did your nightmare wake you up before your usual wake up time? \*

☐ Yes

☐ No

☐ N/A

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How intense was your nightmare? \*

- ☐ 0 - not intense
- ☐ 1 - minimal intensity
- ☐ 2 - mild intensity
- ☐ 3 - moderate intensity
- ☐ 4 - severe intensity
- ☐ 5 - very severe intensity
- ☐ 6 - extremely severe intensity
- ☐ N/A

Please rate how much the nightmare affected your day-to-day activities. \*

- ☐ 0 - not at all (eg. daily activities were normal)
- ☐ 1 - slightly (eg. had difficulties concentrating)
- ☐ 2 - quite a bit (eg. direct interference with ability to complete daily activities)
- ☐ 3 - severely (eg. had a panic attack/other serious incapacitation)
- ☐ N/A

In five words/short phrases (or fewer), please describe the subject(s), setting(s), or theme(s) of your nightmare. You may be as specific or general as you'd like. This question is optional.

Your answer

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Please list any stressful events happening in your life right now, and note whether they are normal or out of the ordinary. \*

Your answer

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