



eyemate-IO diary:

Patient ID: _____

Date: _____

Activity:	Time:																							
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
eyemate-IO measurement																								
Drug intake:																								
Drug 1:																								
Drug 2:																								
Drug 3:																								
Sleeping time and getting up																								
Sitting w/o food or drinking																								
Sitting while eating/drinking																								
Standing or walking																								
Sports activity																								
Regular activities																								
Special activities																								
Going to bed and sleeping																								

Special events:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
excitement / emotional stress																								