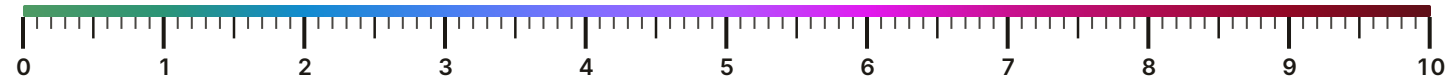
Eye pain and light log

One week, starting _____



0 No pain **10** Worst pain imaginable

Eye pain from 0 to 10, in tenths when that is truer, such as 3.5. Light at the time: a screen, daylight, a bright shop, a dim room, in your words. Leave a missed time blank: a gap is part of the record.

Day 1 Date _____

Time	Eye pain, 0 to 10	Light at the time	What eased it, if anything	In your words
Morning at				
Afternoon at				
Evening at				

That day, hours: on screens _____ outdoors _____ in bright rooms _____

Day 2 Date _____

Time	Eye pain, 0 to 10	Light at the time	What eased it, if anything	In your words
Morning at				
Afternoon at				
Evening at				

That day, hours: on screens _____ outdoors _____ in bright rooms _____

Day 3 Date _____

Time	Eye pain, 0 to 10	Light at the time	What eased it, if anything	In your words
Morning at				
Afternoon at				
Evening at				

That day, hours: on screens _____ outdoors _____ in bright rooms _____

This week, to remember or to bring to a visit

Day 4 Date _____

Time	Eye pain, 0 to 10	Light at the time	What eased it, if anything	In your words
Morning at				
Afternoon at				
Evening at				

That day, hours: on screens _____ outdoors _____ in bright rooms _____

Day 5 Date _____

Time	Eye pain, 0 to 10	Light at the time	What eased it, if anything	In your words
Morning at				
Afternoon at				
Evening at				

That day, hours: on screens _____ outdoors _____ in bright rooms _____

Day 6 Date _____

Time	Eye pain, 0 to 10	Light at the time	What eased it, if anything	In your words
Morning at				
Afternoon at				
Evening at				

That day, hours: on screens _____ outdoors _____ in bright rooms _____

Day 7 Date _____

Time	Eye pain, 0 to 10	Light at the time	What eased it, if anything	In your words
Morning at				
Afternoon at				
Evening at				

That day, hours: on screens _____ outdoors _____ in bright rooms _____