

LIGHT EXPOSURE AND ACTIVITY DIARY

Participant ID: xxx

Please complete every day before going to bed and upload on the shared folder emailed to you on the first day of the experiment.

For each hour of the day:

1. Select the light source you were exposed to by choosing from the categories below (first row)
2. Select the activity you were doing by choosing from the categories below (second row)

LIGHT EXPOSURE CATEGORIES:

- L:** Electric light source indoors (e.g.: lamps such LEDs etc.)
- I:** Daylight indoors (through windows)
- E:** Emissive displays (e.g.: smartphone, laptop etc.)
- S:** Electric light source outdoors (e.g.: street lights)
- O:** Daylight outdoors (including being in the shade)
- D:** Darkness during sleep
- W:** Light entering from outside during sleep (e.g.: daylight, street lights etc.)

ACTIVITY CATEGORIES:

- 1: Sleeping in bed
- 2: Awake at home
- 3: On the road with public transport/car
- 4: On the road with bike/on foot
- 5: Working in the office/from home
- 6: Working outdoors (including lunch break outdoors)
- 7: Free time outdoors (e.g. garden/park etc.)
- 8: Other: please specify (e.g. sport indoors, sport outdoors)

If you are exposed to a combination of lights, please choose one from:

L+I, L+E, I+E, S+O, D+W

Tip: start from the first hour when you woke up until the hour when you go to bed.

	0:00 - 1:00	1:00 - 2:00	2:00 - 3:00	3:00 - 4:00	4:00 - 5:00	5:00 - 6:00	6:00 - 7:00	7:00 - 8:00	8:00 - 9:00	9:00 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00 - 13:00
Light source	D	D	D	D	D	D	D+W	D+W	I	I+E	I+E	I+E	I+E
Activity	1	1	1	1	1	1	1	1	2	4	4	4	4

	13:00 - 14:00	14:00 - 15:00	15:00 - 16:00	16:00 - 17:00	17:00 - 18:00	18:00 - 19:00	19:00 - 20:00	20:00 - 21:00	21:00 - 22:00	22:00 - 23:00	23:00 - 24:00
Light source	O	I	I	I	I	O	O	S	L	L+E	D
Activity	6	4	4	4	4	7	7	4	2	2	1