**LIGHT EXPOSURE DIARY**

**Participant ID: XXX**

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

**How:** Describe your exposure to the below specified light sources during the past hours indicated in the table. Please fill in as applies like indicated in the example below.

**O: Daylight outdoors (including being in the shade)**

**E: Emissive displays (e.g.: smartphone, laptop etc.)**

**D: Darkness (outdoors and/or indoors)**

**X: Sleeping**

**W: Light entering from outside during sleep (e.g.: skyglow, street lights, etc.)**

**L: Electric light source indoors (e.g.: lamps such LEDs, halogen etc.)  
S: Electric light source outdoors (e.g.: street lights)**

**I: Daylight indoors (through windows)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | Noon | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | Midnight | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
| X+W | I | I+L | O | I+L | I+L | O | O | I+E | I+E | E | I | I | I | O | D | D+E | X | X | X | X | X | X | X+W |

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

If you were exposed to more than one light source during a given hour, you can specify a first and second light source:

1. Main light source: the brighter and bigger light source you were exposed to. Note this one down first.
2. An additional light source. Note this after 1. by adding a + sign.

*Example situations for hour 8AM to 9AM:*

* Sitting in the kitchen with windows, no lamps on: only one source (daylight indoors = I)

|  |
| --- |
| 8AM |
| I |

* Sitting in the library in front of a window with electric light from lamp: two sources
  1. Daylight indoors (I) – first one to note down
  2. Electric light indoors (L) – second one to note down

|  |
| --- |
| 8AM |
| I+L |

You might be exposed to many different combinations of light sources during one given hour. Please try to choose what represents **most**of the specified hour.

*Example situation for hour 8AM to 9AM:*

* Sitting in the library in front of a window with electric light from lamp for 50 minutes, then taking a 10-minute break outdoors:
  1. Daylight indoors (I) - first one to note down
  2. Electric light indoors (L), second one to note down

|  |
| --- |
| 8AM |
| I+L |

This represents most of the light exposure in that hour (50 out of 60 minutes)!

**PLEASE FILL IN EVERY DAY OF THE EXPERIMENTAL WEEK:**

**DAY 1:** DD/MM/YYYY MONDAY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | Noon | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | Midnight | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DAY 2:** DD/MM/YYYY TUESDAY

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| 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | Noon | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | Midnight | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
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**DAY 3:** DD/MM/YYYY WEDNESDAY

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| 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | Noon | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | Midnight | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DAY 4:** DD/MM/YYYY THURSDAY

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| 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | Noon | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | Midnight | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
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**DAY 5:** DD/MM/YYYY FRIDAY

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| 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | Noon | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | Midnight | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
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ID XXX

**DAY 6:** DD/MM/YYYY SATURDAY

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| 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | Noon | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | Midnight | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
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**DAY 7:** DD/MM/YYYY SUNDAY

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| 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | Noon | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | Midnight | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
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ID XXX