



Ortho-Bionomy® Self-Care for Dry Eye Tracking sheet

Use this sheet to track the number of times a day that you use the self-care technique.

This data will be used for your follow-up survey.

Week 1

| | How many times a day did you work with your eyes? | Notes: Anything that you have noticed while using this technique. |
|-----------|---|---|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Week 2

| | How many times a day did you work with your eyes? | Notes: Anything that you have noticed while using this technique. |
|-----------|---|---|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Please go to www.InnerInfinityHealing.com/DryEyeStudy to complete your follow-up survey