21-Day Eye Care Tracker

Your daily checklist for the Eye Restore Protocol™

BONUS #1

How to use this tracker

1. **Print every page** and keep them together on a clipboard or in a folder. You can also fill it in on a tablet with a stylus.
2. **On Day 1,** do the Starting Eye Check on the next page and write down your score.
3. **Each day,** tick the boxes for what you did. Aim for showing up, not for being perfect.
4. **Each night,** rate how comfortable your eyes feel from 1 (very tired) to 10 (very comfortable) and write one thing you noticed.
5. **If you miss a day,** do not quit and do not restart. Just do your next planned step.
6. **On Day 21,** do the finish-line check and compare it with Day 1.

How the 21 days are built

WEEK 1 | SOOTHE	WEEK 2 | NOURISH	WEEK 3 | STRENGTHEN
Days 1 to 7	**Days 8 to 14**	**Days 15 to 21**
Calm tired, itchy, burning eyes with a compress and an evening rest ritual.	Keep Week 1. Now add eye-friendly foods and one herbal drink a day.	Keep Weeks 1 and 2. Now add eye exercises, screen rules, light and sleep.

Before you begin: safety comes first

Never put herbs, plant juice, oil or any homemade liquid **inside** your eye. Compresses go on **closed** eyelids only. Wash your hands, use boiled and cooled water, use a fresh clean cloth for each eye, and test any herb on your inner arm for 30 minutes first. Check with your doctor first if you are pregnant, breastfeeding, have a long-term illness or take regular medication.

See an eye doctor immediately for sudden loss of vision, severe eye pain, flashes of light, or a red, swollen eye with discharge.

Day 1: Your Starting Eye Check

Name: _____ **Date:** _____

Answer honestly. One point for every YES.	YES	NO
1. Do your eyes feel tired or heavy by afternoon?	☐	☐
2. Do you squint to read your phone or signs?	☐	☐
3. Do you get headaches after screen time?	☐	☐
4. Do your eyes itch, water or feel gritty?	☐	☐
5. Does bright light bother you?	☐	☐
6. Do you rub your eyes many times a day?	☐	☐
7. Do you blink less when you are on your phone or laptop?	☐	☐
8. Do you sleep less than six hours most nights?	☐	☐
9. Do you spend more than six hours a day looking at screens?	☐	☐
10. Do things look blurry at the end of the day, even if they were clear in the morning?	☐	☐

My starting score: _____ / 10

0 to 3 points: Early warnings. Now is the best time to act.

4 to 7 points: Clearly overworked. Your eyes need real care, and the Protocol will help.

8 to 10 points: Your eyes are crying out. Start today, and do not wait.

My reason for doing this (one sentence)

_____

_____

My promise: For 21 days, I will follow the plan.

Signed: _____ **Start date:** _____

Week 1: Soothe

Days 1 to 7

Your only job this week is to calm your eyes. Tick each box when you have done it. Compress goes on **closed** eyelids only, never in the eye.

DAILY HABIT	DAY 1 date: _____	DAY 2 date: _____	DAY 3 date: _____	DAY 4 date: _____	DAY 5 date: _____	DAY 6 date: _____	DAY 7 date: _____
Today's focus	Skin test first. Write your score.	Sticky note on screen: "Blink."	Notice how your eyes feel by evening.	Try not to rub your eyes all day.	Lower screen brightness after sunset.	Do your ritual at bedtime.	Compare with Day 1.
Herbal compress, 10 minutes Cool or warm, on closed eyelids	Cool chamomile ☐	Warm chamomile ☐	Cucumber rest ☐	Green tea, cool ☐	Warm chamomile ☐	Cool green tea ☐	Your favourite ☐
5-minute evening ritual Warm palms, breathe, massage, slow blinks, look far	☐	☐	☐	☐	☐	☐	☐
No rubbing my eyes Cool compress instead when they itch	☐	☐	☐	☐	☐	☐	☐
Blinked on purpose Slow, full blinks on phone or laptop	☐	☐	☐	☐	☐	☐	☐
Screen brightness down after sunset	☐	☐	☐	☐	☐	☐	☐
Drank water through the day	☐	☐	☐	☐	☐	☐	☐
Washed face and hands after dust or sun	☐	☐	☐	☐	☐	☐	☐
Eye comfort tonight 1 = very tired, 10 = very comfortable	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10
One thing I noticed today							

Stop and see an eye doctor if you have sharp or worsening pain, redness that does not settle, thick discharge, sudden blurring, flashes of light, or any reaction after a compress.

Week 2: Nourish

Days 8 to 14

Keep your Week 1 routine and add eye-friendly food and one herbal drink a day. Check the cautions for moringa, fennel and zobo in Chapter 5 first.

DAILY HABIT	DAY 8 date: _____	DAY 9 date: _____	DAY 10 date: _____	DAY 11 date: _____	DAY 12 date: _____	DAY 13 date: _____	DAY 14 date: _____
Herbal compress, 10 minutes Cool or warm, on closed eyelids	☐	☐	☐	☐	☐	☐	☐
5-minute evening ritual	☐	☐	☐	☐	☐	☐	☐
Week 1 daily habits No rubbing, blink on purpose, low brightness at night, water	☐	☐	☐	☐	☐	☐	☐
One herbal drink today 1 cup a day	Moringa tea ☐	Light zobo ☐	Fennel drink ☐	Moringa tea ☐	Light zobo ☐	Fennel drink ☐	Your favourite ☐
Eye-friendly focus meal or snack	Ugu and egg sauce ☐	Carrot snack ☐	Pawpaw or mango ☐	Fish with vegetables ☐	Carrot and cabbage salad ☐	Oranges and groundnuts ☐	A full eye-friendly day ☐
Ate leafy greens or orange-coloured fruit or vegetables	☐	☐	☐	☐	☐	☐	☐
Skipped soda and sugary drinks	☐	☐	☐	☐	☐	☐	☐
Eye comfort tonight 1 = very tired, 10 = very comfortable	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10
One thing I noticed today							

Take fennel for no more than this one week. Zobo can lower blood pressure. If you are pregnant or breastfeeding, have a long-term illness, or take regular medication, ask your doctor before any herbal drink.

Week 3: Strengthen

Days 15 to 21

Keep everything from Weeks 1 and 2 and add the habits that help your eyes stay comfortable. Never force an exercise. Stop if you feel pain or dizziness.

DAILY HABIT	DAY 15 date: _____	DAY 16 date: _____	DAY 17 date: _____	DAY 18 date: _____	DAY 19 date: _____	DAY 20 date: _____	DAY 21 date: _____
Herbal compress, 10 minutes	☐	☐	☐	☐	☐	☐	☐
5-minute evening ritual	☐	☐	☐	☐	☐	☐	☐
One herbal drink today	☐	☐	☐	☐	☐	☐	☐
Eye-friendly meals Greens, carrots, fruit, eggs, fish, groundnuts	☐	☐	☐	☐	☐	☐	☐
Eye exercises Once or twice today	Near and far focus ☐	+ Slow figure eight ☐	+ Up, down, left, right ☐	+ Full blinks ☐	All four ☐	All four ☐	All four ☐
20-20-20 habit Every 20 min, look 20 feet away for 20 seconds	☐	☐	☐	☐	☐	☐	☐
Screen distance, brightness and light set up well	☐	☐	☐	☐	☐	☐	☐
Slept 7 to 8 hours last night No phone 30 minutes before bed	☐	☐	☐	☐	☐	☐	☐
Hat, sunglasses or dust protection outdoors	☐	☐	☐	☐	☐	☐	☐
Eye comfort tonight 1 = very tired, 10 = very comfortable	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10	____ / 10
One thing I noticed today							

On Day 21, turn to the last page and repeat the ten-question check.

Day 21: Your Finish-Line Check

Date: _____

Answer honestly. One point for every YES.	YES	NO
1. Do your eyes feel tired or heavy by afternoon?	☐	☐
2. Do you squint to read your phone or signs?	☐	☐
3. Do you get headaches after screen time?	☐	☐
4. Do your eyes itch, water or feel gritty?	☐	☐
5. Does bright light bother you?	☐	☐
6. Do you rub your eyes many times a day?	☐	☐
7. Do you blink less when you are on your phone or laptop?	☐	☐
8. Do you sleep less than six hours most nights?	☐	☐
9. Do you spend more than six hours a day looking at screens?	☐	☐
10. Do things look blurry at the end of the day, even if they were clear in the morning?	☐	☐

Day 1 score	/ 10	Day 21 score	/ 10	Difference	

What feels different? (less headache, less itching, easier reading, more comfort by evening)

Which habit helped me most?

What I will keep doing after Day 21:

If your score dropped a lot, celebrate it. If it changed only a little, do not be discouraged: some eye conditions need an eye doctor's care, and that is a good thing to find out. Either way, **book an eye check with a qualified eye doctor** and see one at least once a year. If your eyes feel strained again, go back to Week 1 for a few days.

This tracker is for general wellness and education only. It is not medical advice and does not diagnose, treat or cure any condition. Results vary. Never put herbs or homemade preparations in your eyes.