ECZEMA FLARE LOG

Week of _____

Name (optional) _____

Once a day, circle a number for **severity** (how your skin looks and feels overall) and one for **itch**. 0 means none. 10 means the worst it has ever been. Jot what might have set it off and what you put on your skin. It takes about ten seconds. **Bring this page to your next appointment.**

DAY	SEVERITY	ITCH	POSSIBLE TRIGGERS	WHAT YOU USED, AND NOTES
Day 1 _____	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER		
Day 2 _____	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER		
Day 3 _____	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER		
Day 4 _____	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER		
Day 5 _____	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER		
Day 6 _____	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER		
Day 7 _____	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER	*0 1 2 3 4 5 6 7 8 9 10* NONE WORST EVER		

TRIGGER IDEAS

Heat, sweat, stress, poor sleep, a new product, fabric, certain foods, pollen, dry air, or unknown. Unknown is a fine answer.

WHAT YOU USED

Moisturizer, prescription cream or ointment, antihistamine, anything else. If a spot looks different, take a phone photo the same day and note it here.