

Rosacea Diary

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form at the end of each day to identify your personal rosacea triggers.

Date:

Check the weather conditions you were exposed to today.

- Sun Heat Cold Humidity Wind

Check the foods, beverages, and other items you've had today.

- Spicy foods List:
- Alcohol List:
- Hot beverages List:
- Fruits List:
- Dairy products List:
- Vegetables List:
- Drugs List:
- Other List:

Check the conditions and activities you experienced today.

- Emotional stress Describe:
- Physical exertion Describe:
- Hot bath/sauna
- Warm room temperatures
- Medical condition List:
(flushing, chronic cough, hot flashes, fever, etc.)
- Other List:

Check the substances you came in contact with today.

Skin care products

List:

Cosmetics

List:

Soap

List:

Perfume

List:

Aftershave

List:

Shampoo

List:

Household products

List:

Other

List:

What is the condition of your rosacea today?

- No flare-up Mild flare-up Severe flare-up

Did you comply with your medical therapy today?

- Yes No

Adapted with permission from the National Rosacea Society (<http://www.rosacea.org>).