ROSACEA DIARY ROSACEA DIARY Date: Date: **1** ► Check the weather conditions you were exposed to today: **1** ► Check the weather conditions you were exposed to today: Windy Sunny Windy Sunny ☐ Cloudy Cloudy ☐ Humid Cold Dry Mild Cold Mild Dry Hot Hot 2 - Check the foods and beverages you consumed today: 2 - Check the foods and beverages you consumed today: Spicy foods Spicy foods List: Alcohol Alcohol List:: List:: Heated Beverages Heated Beverages List: List: Other Other List: List: 3 ► Check the activities you experienced today: 3 ► Check the activities you experienced today: **Emotional Stress Emotional Stress** Describe: Describe: Heavy exercise Describe: Describe: Hot bath/shower Hot bath/shower Describe: Describe: Indoor heat Indoor heat Describe: Describe: Other Other Describe: Describe: **4** ► List any products you used on your face: **4** ► List any products you used on your face: **5** Did you comply with your medical therapy today? **5** Did you comply with your medical therapy today? No Yes Yes 6 ► What is the condition of your rosacea today? 6 ► What is the condition of your rosacea today?



No flare-up

☐ Mild flare-up



No flare-up

☐ Mild flare-up

Severe flare-up

Severe flare-up