

# ROSACEA DIARY

Date: \_\_\_\_\_

**1 ▶ Check the weather conditions you were exposed to today:**

- Sunny     Windy     Cloudy     Humid  
 Hot     Cold     Mild     Dry

**2 ▶ Check the foods and beverages you consumed today:**

- Spicy foods**    List: \_\_\_\_\_  
\_\_\_\_\_
- Alcohol**    List: \_\_\_\_\_  
\_\_\_\_\_
- Heated Beverages**    List: \_\_\_\_\_  
\_\_\_\_\_
- Other**    List: \_\_\_\_\_  
\_\_\_\_\_

**3 ▶ Check the activities you experienced today:**

- Emotional Stress**    Describe: \_\_\_\_\_  
\_\_\_\_\_
- Heavy exercise**    Describe: \_\_\_\_\_  
\_\_\_\_\_
- Hot bath/shower**    Describe: \_\_\_\_\_  
\_\_\_\_\_
- Indoor heat**    Describe: \_\_\_\_\_  
\_\_\_\_\_
- Other**    Describe: \_\_\_\_\_  
\_\_\_\_\_

**4 ▶ List any products you used on your face:**

\_\_\_\_\_

**5 ▶ Did you comply with your medical therapy today?**

- Yes     No

**6 ▶ What is the condition of your rosacea today?**

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



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