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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