

WEEKLY DIARY

Week of:

(day/month/year)

Description		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daily Skin Care	Moisturizers							
	Name of facial moisturizer							
	Name of body moisturizer							
	Estimate the quantity used each day							
	How many times did you apply moisturizer today?							
	Site(s) of application							
	Time it takes to finish using the contents? (For example: 450g every 2 weeks)							
	Mild Cleansers							
	Name of facial cleanser							
	Name of body cleanser							
How many times did you use a cleanser?								
Medications	Medications							
	Type (hydrocortisone, corticosteroid, Elidel®, Protopc®, other)							
	How many times used?							
	Site(s) of application							
	List side-effects from any medications used							
Symptoms	Symptoms							
	Where is your eczema most active?							
	Grade your eczema 1=Normal 5=Severe							
	Grade your itch 1=Absent 5=Severe	○ ○ ○ ○ ○ 1 2 3 4 5	○ ○ ○ ○ ○ 1 2 3 4 5	○ ○ ○ ○ ○ 1 2 3 4 5	○ ○ ○ ○ ○ 1 2 3 4 5	○ ○ ○ ○ ○ 1 2 3 4 5	○ ○ ○ ○ ○ 1 2 3 4 5	
Triggers	Aggravators/Triggers							
	List foods eaten, potential irritants or allergens							

Comments for discussion or questions to ask during your next clinic visit: