

Date: _____

| Daily Treatments | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Moisturizer How many times? How much (grams / mL) | | | | | | | |
| Mild Cleanser Name? How many times? | | | | | | | |
| Hydrocortisone Where? How many times? What form? | | | | | | | |
| Topical Corticosteroid Where? How many times? What form? Name? | | | | | | | |
| TIMS Protopic or Elidel? How many times? | | | | | | | |
| Antihistamine How many times? (Use at bed time only) | | | | | | | |
| Record any possible triggers | | | | | | | |
| Where is the eczema the most active? | | | | | | | |
| Grade your skin (1-5): 1 = Normal 5 = Severe | | | | | | | |

Date and fill in this chart daily. Take this record of your last week of treatment with you when you see your doctor.

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