

Rosacea Diary Checklist

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form at the end of each day to identify your personal rosacea triggers.

Date:

Check the weather conditions you were exposed to today.

☐ Sun ☐ Heat ☐ Cold ☐ Humidity ☐ Wind

Check the foods, beverages, and other items you've had today.

☐ Spicy foods List:

☐ Alcohol List:

☐ Hot beverages List:

☐ Fruits List:

☐ Dairy products List:

☐ Vegetables List:

☐ Drugs List:

☐ Other List:

Check the conditions and activities you experienced today.

☐ Emotional stress Describe:

☐ Physical exertion Describe:

☐ Hot bath/sauna

☐ Warm room
temperatures

☐ Medical condition List:

(flushing, chronic cough, hot flashes, fever, etc.)

☐ Other List:

Check the substances you came in contact with today.

<input type="checkbox"/> Skin care products	List:	
<input type="checkbox"/> Cosmetics	List:	
<input type="checkbox"/> Soap	List:	
<input type="checkbox"/> Perfume	List:	
<input type="checkbox"/> Aftershave	List:	
<input type="checkbox"/> Shampoo	List:	
<input type="checkbox"/> Household products	List:	
<input type="checkbox"/> Other	List:	

What is the condition of your rosacea today?

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

Did you comply with your medical therapy today?

☐ Yes ☐ No

Adapted with permission from the National Rosacea Society (<http://www.rosacea.org>).