

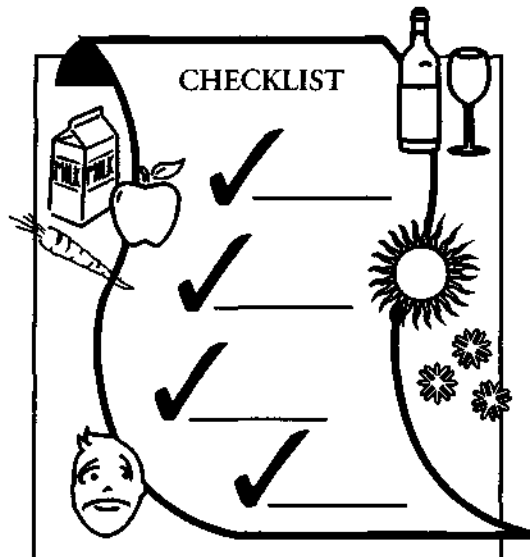
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# HOW TO USE YOUR ROSACEA DIARY CHECKLIST

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Rosacea is a chronic and progressive skin disease that can be effectively controlled by following the medical therapy your dermatologist prescribes and eliminating lifestyle factors that may cause flare-ups. Identifying these factors, however, is an individual process. What

may cause a flare-up in one patient may not in another. The following patient diary checklist includes common factors that trigger flare-ups in various individuals, and has been developed to help you identify and avoid those factors that trigger flare-ups in your individual case.



Make enough copies of the checklist on the other side of this sheet to monitor your rosacea each day over a period of several weeks. Complete the form at the end of each day, and look for items that seem to coincide with

your rosacea flare-ups. Then eliminate wherever possible those factors that appear to cause your rosacea to flare up. If eliminating these factors minimizes your flare-ups, you have probably identified the common things you should avoid to help keep your rosacea under control.

*See checklist on reverse side*



# ROSACEA DIARY CHECKLIST

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

Date:

## Check the weather conditions you were exposed to today.

- Sun       Heat       Cold       Humidity       Wind

## Check the foods, beverages and other items you ingested 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.

- Skin care products      List: \_\_\_\_\_
- Cosmetics      List: \_\_\_\_\_
- Soap      List: \_\_\_\_\_
- Perfume      List: \_\_\_\_\_
- After shave      List: \_\_\_\_\_
- Shampoo      List: \_\_\_\_\_
- Household products      List: \_\_\_\_\_
- 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