

ROOTED & WILD

ECZEMA TRIGGER TRACKER

DAILY LOG

Date: _____ Day: _____

Skin Check

Areas affected: _____

Overall severity: 1 2 3 4 5 (1 = mild | 5 = severe)

Appearance:

☐ Clear/improving

☐ Dry

☐ Red

☐ Itchy

☐ Raised/bumpy

☐ Cracked

☐ Open/raw

☐ Weeping/crusting

Other: _____

Most affected areas: _____

Change from yesterday:

☐ Better

☐ About the same

☐ Worse

Food & Drink

Foods & drinks consumed today:

New or unusual foods?

Foods/ingredients currently being watched:

Optional - infants & breastfeeding

Breastfed today?

☐ Yes

☐ No

Formula/bottles given: _____

Notable foods/exposures in breastfeeding parent's diet:

Medications & Supplements

Oral medications: _____

Supplements/probiotics: _____

Anything new or changed? _____

Skin & Body Products

☐ Soap/body wash

☐ Lotion/moisturizer

☐ Ointment

☐ Prescription treatment

☐ Sunscreen

☐ Shampoo/conditioner

☐ Other

Products used today:

Anything new or different? _____

ECZEMA TRIGGER TRACKER

DAILY LOG - CONTINUED

Date: _____

Home & Environment

Weather / temperature: _____

Exposure today:

- | | | | |
|--|---|--|--|
| ☐ Heat/sweating | ☐ Cold/dry air | ☐ High humidity | ☐ Grass |
| ☐ Pollen | ☐ Pets | ☐ Dust | ☐ Pool/chlorine |
| ☐ Smoke | ☐ Travel/new environment | ☐ Other | |

Clothing / fabrics worn: _____

Laundry, cleaning or household product changes: _____

Health, Sleep & Stress

Sleep quality:

- | | | |
|-------------------------------|-----------------------------------|-------------------------------|
| ☐ Good | ☐ Moderate | ☐ Poor |
|-------------------------------|-----------------------------------|-------------------------------|

Illness or health changes: _____

Stress / mood:

- | | | |
|---------------------------------------|--|--------------------------------------|
| ☐ Calm/typical | ☐ Moderate stress | ☐ High stress |
|---------------------------------------|--|--------------------------------------|

Optional - babies & children:

- | | | | |
|-----------------------------------|----------------------------------|--|---|
| ☐ Teething | ☐ Illness | ☐ Unusual fussiness | ☐ Sleep disruption |
|-----------------------------------|----------------------------------|--|---|

Other changes: _____

Flare Timing

Did symptoms worsen today? ☐ Yes ☐ No

When did you first notice the change? _____

Think back over the last several days. Anything different?

- | | | | |
|---|--|---|---------------------------------------|
| ☐ Food | ☐ Skincare/body product | ☐ Laundry/cleaning product | ☐ Weather |
| ☐ Outdoor exposure | ☐ Illness | ☐ Medication/supplement | ☐ Stress/sleep |
| ☐ Travel/new environment | ☐ Unknown | ☐ Other | |

Possible trigger(s) worth watching: _____

Notes / Anything Different Today

Today's photo: ☐ Taken

Look for patterns over time rather than assuming one exposure caused a flare. This tracker is designed to help organize observations and share useful information with your healthcare provider.

Important: This tracker is for personal organization and education only. It does not diagnose eczema triggers, allergies or medical conditions and does not replace individualized medical care.

