Eczema Support Diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please tick which face reflects the general state of your eczema	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐
Please tick which box represents how bad your eczema symptoms are on a scale of 0 to 10	10 ☐ most problematic symptoms	10 ☐	10 ☐	10 ☐	10 ☐	10 ☐	10 ☐	10 ☐
	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐
	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐
	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐
	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐
	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐
	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐
	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐
	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐
	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐
	0 ☐ least problematic symptoms	0 ☐	0 ☐	0 ☐	0 ☐	0 ☐	0 ☐	0 ☐