Eczema Food & Flare Tracker

Notice patterns across food, skin care, and daily life.
Record both calm-skin days and flare days. A pattern is a clue, not proof of a trigger.

Date: _____

Itch (0–10): _____ **Skin areas affected:** _____

Sleep: _____hours **Stress:** Low / Medium / High

Meals, snacks & drinks

_____

_____

_____

Possible Exposures

- ☐ Heat / sweat
- ☐ New skin or laundry product
- ☐ Weather / smoke / pollen / other
- ☐ Illness / other
- ☐ Hormones / cycle / perimenopause

Skin care & medications

_____

_____

What changed, and when?

_____

_____

Symptoms or changes noticed (include time): _____

Date: _____

Itch (0–10): _____ **Skin areas affected:** _____

Sleep: _____hours **Stress:** Low / Medium / High

Meals, snacks & drinks

_____

_____

_____

Possible Exposures

- ☐ Heat / sweat
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Skin care & medications

_____

_____

What changed, and when?

_____

_____

Symptoms or changes noticed (include time): _____

Do not stop prescribed treatment or remove foods based on this tracker alone. Review concerns with your doctor.