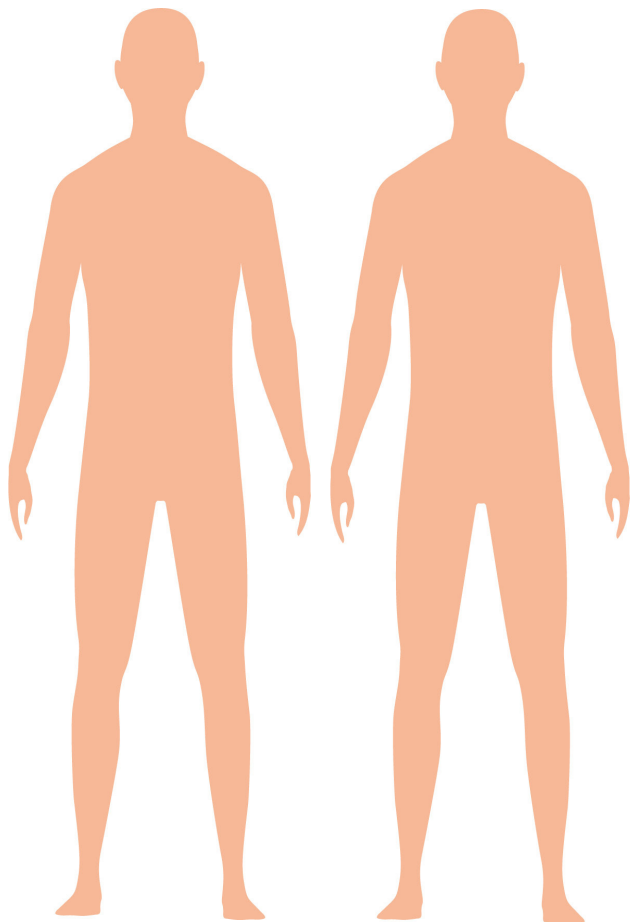


Fill out this form every time you experience flares or other psoriasis discomfort. Keep a record and look for patterns.

Week:

Where are the plaques appearing?



Front

Back

Circle or sketch plaques

	Mild, moderate, or severe?	Cracked skin?	Itchy?	Any changes?	Pain?
Head					
Neck					
Back					
Shoulders					
Arms					
Hands					
Legs					
Feet					

Did my psoriasis affect me much this week?

Understanding potential triggers (Weather, Smoke Exposure, Alcohol, Processed Food, Gluten, Dairy, Nightshades (Peppers, Eggplants, Tomatoes):

Treatments I’m interested in:

Additional questions/concerns: