MY ECZEMA TRIGGER DIARY

CHILD PROFILE & BASELINE ASSESSMENT

CHILD PROFILE

Child's Name: _____

Date of Birth: _____

Age: _____

Gender: □ Male □ Female □ Other

School/Class: _____

Parent/Caregiver: _____

Contact Number: _____

MY CHILD'S ECZEMA

Diagnosis

□ Atopic Dermatitis
□ Hand Eczema
□ Contact Dermatitis
□ Nummular Eczema
□ Other _____
□ Not Sure

Age at Onset

□ Before 1 year
□ 1–5 years
□ 6–10 years
□ After 10 years

Duration of Eczema

□ Less than 6 months
□ 6–12 months
□ 1–5 years
□ More than 5 years

FAMILY HISTORY

Does anyone in the family have:

□ Eczema
□ Asthma
□ Allergic Rhinitis
□ Food Allergy

CURRENT TREATMENT

Moisturiser(s):

_____

_____

Prescription Medications:

_____

_____

KNOWN OR SUSPECTED TRIGGERS

□ Dust
□ Pollen
□ Pollution
□ Heat
□ Sweating
□ Wool

□ Detergents
□ Soaps
□ Stress
□ Poor Sleep
□ Food-related
□ Unsure

PARENT PRIORITIES

□ Itching
□ Poor sleep
□ Frequent flares
□ School performance
□ Skin infections
□ Appearance of skin
□ Bullying/social concerns
□ Emotional distress
□ Cost of treatment
□ Long-term medication use
□ Other _____

BASELINE ECZEMA SEVERITY

Itching: □ Mild □ Moderate □ Severe
Dryness: □ Mild □ Moderate □ Severe
Redness: □ Mild □ Moderate □ Severe
Sleep disturbance: □ Mild □ Moderate □ Severe

PARENT NOTES

_____

_____

_____

WEEKLY FLARE TRACKER

Record your child's symptoms daily. Complete this page at the end of each day. The goal is to identify patterns between eczema flares, possible triggers and treatment adherence.

Day	Itch 0-10	Sleep Disturbed?	Rash Severity 0-10	Body Area Affected	Moisturizer Morning	Moisturizer Night	Medication Used	Possible Trigger
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

WEEKLY REFLECTION

1. Which day was the worst eczema flare this week?

_____

2. Did any trigger appear repeatedly?

_____

3. Which body area was most commonly affected?

_____

4. Did regular moisturiser use seem to help? □ Yes □ No □ Unsure

_____

5. Were any new foods, medicines or skincare products introduced?

_____

6. Additional parent observations:

_____

COMPREHENSIVE TRIGGER DETECTIVE CHECKLIST

Tick all factors that occurred within 24–72 hours before an eczema flare.

ENVIRONMENTAL TRIGGERS

□ Dust exposure

□ House dust mites

□ Pollen

□ Air pollution

□ Vehicle exhaust

□ Construction dust

□ Tobacco smoke

□ Pet dander

□ Mold/damp environment

□ Strong fragrances

WEATHER & CLIMATE

□ Hot weather

□ Humid weather

□ Cold weather

□ Winter dryness

□ Sudden weather change

□ Excessive sweating

□ Air conditioning exposure

CLOTHING & FABRICS

□ Wool clothing

□ Synthetic fabrics

□ Tight clothing

□ Rough fabrics

□ New clothing

□ Unwashed new clothes

SKINCARE PRODUCTS

□ Soap

□ Body wash

□ Shampoo

□ Perfume

□ Cosmetics

□ Sunscreen

□ Hand sanitizer

□ New moisturizer

□ New skincare product

HOUSEHOLD PRODUCTS

□ Laundry detergent

□ Fabric softener

□ Cleaning agents

□ Disinfectants

□ Room fresheners

LIFESTYLE FACTORS

□ Emotional stress

□ School stress

□ Examinations

□ Poor sleep

□ Late bedtime

□ Travel

□ Swimming

□ Excessive physical activity

INFECTIONS & ILLNESS

□ Common cold

□ Fever

□ Viral infection

□ Skin infection

□ Recent antibiotic use

□ Other illness

FOODS (ONLY IF SUSPECTED)

□ Milk

□ Egg

□ Peanut

□ Tree nuts

□ Wheat

□ Soy

□ Seafood

□ Chocolate

□ Processed foods

□ Other food

PATTERN RECOGNITION

Which triggers appeared repeatedly this month?

_____

Which trigger do you suspect most strongly?

_____

Have you discussed these observations with your dermatologist? □ Yes □ No

MONTHLY TRIGGER SUMMARY & FLARE PATTERN ANALYSIS

Looking Back at This Month!

How many eczema flares occurred this month?
□ None
□ 1–2
□ 3–4
□ More than 4

How severe were the flares overall?
□ Mild
□ Moderate
□ Severe

Which body areas were affected most often?

□ Face
□ Neck
□ Arms
□ Hands
□ Trunk
□ Legs
□ Flexures (elbows/knees)
□ Generalised

Trigger Category	Tick if Frequent
Environmental	□
Weather	□
Clothing	□
Skincare products	□
Household products	□
Stress	□

Sweating	□
Infection	□
Food-related	□

Top Three Suspected Triggers

1. _____

2. _____

3. _____

Did any trigger repeatedly occur before flares?
□ Yes
□ No

If yes:
_____
_____

Did symptoms improve after avoiding a suspected trigger?
□ Yes
□ No
□ Unsure

Treatment Adherence Review

Moisturiser use:
□ Consistent
□ Mostly consistent
□ Sometimes missed
□ Frequently missed

Prescription medications:
□ Used exactly as prescribed
□ Occasionally missed
□ Frequently missed

Did symptoms improve when treatment was used regularly?
□ Yes
□ No
□ Unsure

Parent Reflection

What do you feel contributed most to your child's eczema this month?

_____
_____
_____

Notes for My Dermatologist

_____
_____
_____

BULLYING, SOCIAL CONCERNS & EMOTIONAL WELL-BEING

Eczema can affect a child's confidence, friendships, school participation and emotional well-being. This page helps parents identify concerns that may otherwise go unnoticed.

SOCIAL EXPERIENCES

□ My child has been teased because of their skin

□ My child has been asked if eczema is contagious

□ My child has avoided social gatherings

□ My child has avoided photographs

□ My child has avoided sports or activities

□ My child has been excluded by peers

□ My child has been bullied because of their appearance

EMOTIONAL WELL-BEING

□ Appears frustrated because of itching

□ Appears embarrassed about skin appearance

□ Seems anxious about flare-ups

□ Becomes irritable due to poor sleep

□ Appears less confident than usual

□ Avoids discussing eczema

□ Seems sad or withdrawn

SCHOOL IMPACT

□ Missed school because of eczema

□ Difficulty concentrating in class

□ Sleepiness during school hours

□ Difficulty participating in sports

□ Teacher has expressed concern

PARENT OBSERVATIONS

_____

_____

_____

_____

DISCUSSION WITH MY DERMATOLOGIST

_____

_____

_____

SLEEP & ITCH TRACKER

Sleep disturbance is one of the most important indicators of eczema severity. Use this page to monitor itching and sleep quality over the course of a week.

Day	Itch Score (0–10)	Difficulty Falling Asleep	Night-time Awakenings	Scratching During Sleep	Sleep Quality	Comments
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

WEEKLY SLEEP REVIEW

How many nights was sleep disturbed this week?

□ None
□ 1–2 nights
□ 3–4 nights
□ More than 4 nights

How many mornings did your child wake feeling tired?

□ None
□ 1–2 mornings
□ 3–4 mornings
□ More than 4 mornings

Did itching affect school performance or concentration?

□ Yes

□ No
□ Unsure

Did sleep improve when eczema was better controlled?

□ Yes
□ No
□ Unsure

PARENT OBSERVATIONS

_____

_____

_____

_____

MOISTURIZER ADHERENCE CALENDAR

Regular use of moisturizers is one of the most important parts of eczema management. Tick each box after moisturizer application.

Day	Morning	Afternoon	Night
Monday	□	□	□
Tuesday	□	□	□
Wednesday	□	□	□
Thursday	□	□	□
Friday	□	□	□
Saturday	□	□	□
Sunday	□	□	□

WEEKLY ADHERENCE REVIEW

How often was moisturizer applied this week?

□ Every day as planned
□ Missed 1–2 applications
□ Missed 3–5 applications
□ Frequently missed

Did regular moisturization seem to improve symptoms?

□ Yes
□ No
□ Unsure

Were there any difficulties with moisturizer use?

□ Child disliked application
□ Greasy feeling
□ Time constraints
□ Cost concerns
□ Forgot applications

□ Other: _____

PARENT NOTES

_____

MEDICATION ADHERENCE CALENDAR

Use this page to track prescribed eczema medications. Regular treatment use helps your dermatologist assess response and adherence.

Day	Morning	Afternoon	Night	Medication Used
Monday	☐	☐	☐	
Tuesday	☐	☐	☐	
Wednesday	☐	☐	☐	
Thursday	☐	☐	☐	
Friday	☐	☐	☐	
Saturday	☐	☐	☐	
Sunday	☐	☐	☐	

MEDICATION REVIEW

Which medication(s) were prescribed?

_____

_____

How often were medications used as prescribed?

☐ Always
☐ Most of the time
☐ Sometimes
☐ Rarely

Were any doses missed?

□ No
□ Yes

If yes, why?

□ Forgot
□ Child resisted application
□ Concern about side effects
□ Cost issues
□ Ran out of medication
□ Other _____

SIDE EFFECT MONITORING

Did you notice any of the following?

□ Burning/stinging
□ Increased redness
□ Skin thinning concerns
□ Dryness
□ No side effects
□ Other _____

QUESTIONS OR CONCERNS ABOUT TREATMENT

_____

_____

_____

_____

SCHOOL & ACTIVITY IMPACT ASSESSMENT

Eczema can affect attendance, concentration, sports participation and social activities. This page helps parents monitor the impact of eczema on daily functioning.

SCHOOL ATTENDANCE

During the past month:

□ No school days missed
□ 1–2 days missed
□ 3–5 days missed
□ More than 5 days missed

Reason for absence:

□ Severe itching
□ Poor sleep
□ Infection
□ Medical appointments
□ Other _____

CLASSROOM PERFORMANCE

Has eczema affected:

□ Concentration in class
□ Completing homework
□ Participation in lessons
□ Attention span
□ Examination performance

□ None of the above

SPORTS & PHYSICAL ACTIVITIES

Has your child avoided:

□ Sports
□ Outdoor play
□ Swimming
□ Physical education classes
□ Exercise due to sweating
□ None of the above

SOCIAL PARTICIPATION

Has your child:

□ Avoided social gatherings
□ Avoided sleepovers
□ Avoided birthday parties
□ Avoided photographs
□ Avoided meeting friends
□ None of the above

PARENT ASSESSMENT

Overall, how much has eczema affected your child's daily activities?

□ Not at all
□ Mildly
□ Moderately
□ Significantly
□ Severely

NOTES FOR MY DERMATOLOGIST

_____

_____

_____

_____

_____

PARENT STRESS & CAREGIVER BURDEN ASSESSMENT

Caring for a child with eczema can affect sleep, emotions, family routines and finances. This page helps identify caregiver concerns that may need attention.

EMOTIONAL IMPACT

During the past month:

□ I felt worried about my child's eczema
□ I felt frustrated by recurrent flares
□ I felt anxious about my child's future
□ I felt overwhelmed by treatment requirements
□ I felt guilty when my child's eczema worsened
□ None of the above

SLEEP & FATIGUE

Has your child's eczema affected your own sleep?

□ Not at all
□ Occasionally
□ Frequently
□ Almost every night

Have you felt tired due to nighttime caregiving?

□ Never
□ Sometimes
□ Often

□ Always

FAMILY IMPACT

Has eczema affected:

□ Family activities
□ Holidays/travel
□ Family finances
□ Relationships within the family
□ Daily routine
□ None of the above

CONFIDENCE IN ECZEMA MANAGEMENT

How confident do you feel managing your child's eczema?

□ Very confident
□ Somewhat confident
□ Unsure
□ Not confident

Would additional education or support be helpful?

□ Yes
□ No
□ Unsure

PARENT NOTES

_____

_____

_____

_____

QUESTIONS FOR MY DERMATOLOGIST & CLINIC VISIT NOTES

Use this page to record questions, concerns and observations before clinic visits. Bring this diary to each appointment so that important issues are not forgotten.

QUESTIONS I WOULD LIKE TO ASK

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

OBSERVATIONS SINCE MY LAST VISIT

_____

_____

_____

_____

_____

_____

TREATMENTS THAT SEEMED TO HELP

_____

_____

_____

_____

POSSIBLE TRIGGERS I HAVE NOTICED

_____

_____

_____

_____

NOTES FROM MY DERMATOLOGIST

_____

_____

_____

_____

_____

_____

_____

_____

ACTION PLAN BEFORE MY NEXT VISIT

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

MY ECZEMA ACTION PLAN & KEY TAKEAWAYS

GREEN ZONE – ECZEMA WELL CONTROLLED

□ Minimal itching
□ Good sleep
□ No new flare-ups
□ Skin comfortable and moisturized

What should I do?
□ Continue regular moisturization
□ Continue treatment as advised
□ Maintain trigger avoidance measures
□ Continue symptom monitoring

YELLOW ZONE – EARLY WARNING SIGNS

□ Increased itching
□ New patches appearing
□ Mild sleep disturbance
□ Increased scratching

What should I do?
□ Review possible triggers
□ Increase attention to moisturization
□ Follow flare-management instructions provided by my dermatologist
□ Monitor symptoms closely

RED ZONE – SIGNIFICANT FLARE OR COMPLICATION

□ Severe itching
□ Significant sleep disturbance
□ Oozing/crusting skin
□ Signs of infection

□ Rapid worsening of eczema

What should I do?
□ Contact my dermatologist
□ Seek medical advice if concerned
□ Follow prescribed treatment plan

KEY TAKEAWAYS

□ Moisturizers are the foundation of eczema care.
□ More than one trigger may contribute to a flare.
□ Good sleep is an important marker of eczema control.
□ Treatment adherence improves outcomes.
□ Emotional well-being matters.
□ Bring this diary to clinic visits.

MY GOALS FOR NEXT MONTH

□ _____

□ _____

□ _____

□ _____

□ _____

IMPORTANT CONTACTS

Clinic Contact Number: _____

Emergency Contact: _____