

LOMA LUX[®] ACNEPILL[®]

Date: / /

CHECKLIST

Fill out this checklist every time you experience flares or other acne discomfort. Keep a record. Look for patterns.

www.lomalux.com

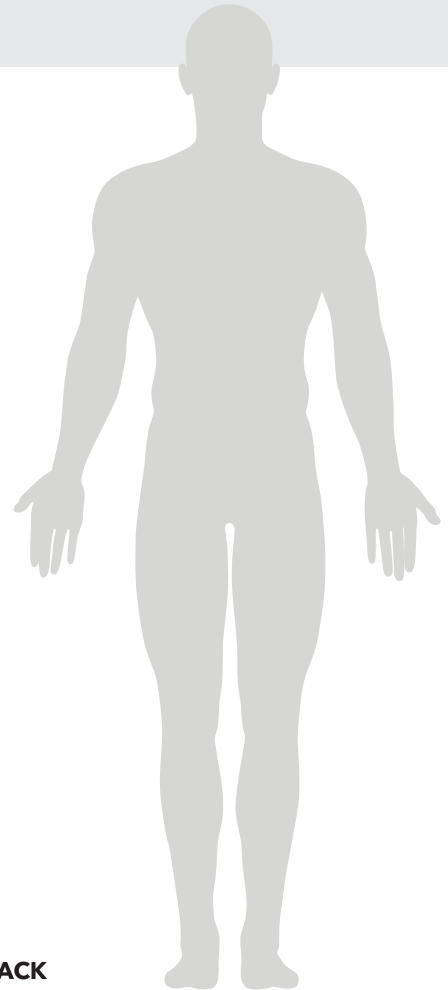
1-800-316-9636



FACE



FRONT



BACK

YOUR BODY

Cosmetics: _____

Drugs: _____

Facial/Body cleansers: _____

Hormonal: _____

Skin care products: _____

Rubbing/Sweat: _____

Sunburn: _____

Stress: _____

Hair care products: _____

Hair style change: _____
(bangs, etc in contact with your skin)

ADDITIONAL COMMENTS:

SEVERITY OF OUTBREAK

Mild: _____

Moderate: _____

Severe: _____

Off the charts: _____

YOUR DIET

Alcohol: _____

Caffeine: _____

Dairy: _____

Iodine (in salt): _____

Processed foods: _____

Sugary foods: _____

Chocolate: _____

ENVIRONMENTAL TRIGGERS

High humidity: _____

Hot weather: _____

Smoke exposure: _____

Air pollution: _____

LIFESTYLE

Cosmetics/Hair brushes: _____

Hard water: _____

High heat: _____

Poor ventilation: _____

Tight clothing: _____

This information is not intended to replace the advice and the examination of a physician.