

Clear Skin Diet Diary - Day # _____

Day & Date _____ [females: day of menstrual cycle ____*]

Sleep hours _____ interruptions _____ reasons _____

Stress none 1 2 3 4 5 6 7 8 9 10 unbearable reasons _____

Stress management activity _____ minutes _____

Exercise Flexibility _____ minutes _____

Strength _____ minutes _____

Cardio _____ minutes _____

Diet veggies fruit carbohydrates protein fat wish I hadn't

breakfast _____

snack _____

lunch _____

snack _____

dinner _____

snack _____

Milk _____ Sodas _____ Coffee/Tea _____

Beer/Wine/Liquor _____ Fruit Juice _____ Veggie Juice _____

Moved bowels

Acne [new lesions today]

Papules pustules comedones nodules

Face _____

Chest _____

Back _____

*First day of bleeding counts as day 1

Set yourself up to succeed:

Make 90 copies of the diary page

Number them

Punch holes

Place in a binder

Put binder on your desk or next to your bed

Attach a pen or pencil