

LOMA LUX[®] PSORIASIS[®]

Date: / /

www.lomalux.com

1-800-316-9636

CHECKLIST

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

SEVERITY OF OUTBREAK

Mild: _____

Moderate: _____

Severe: _____

Off the charts: _____

DIET FACTORS

Alcohol: _____

Citrus fruits: _____

Condiments/ seasonings: _____

Corn & soy oils: _____

Dairy: _____

Egg yolks: _____

Fried food: _____

Gluten (rye/ wheat/ barley): _____

Processed/ junk food: _____

Peppers/ eggplants/ tomatoes: _____

Nuts: _____

Red Meat: _____

Other: _____

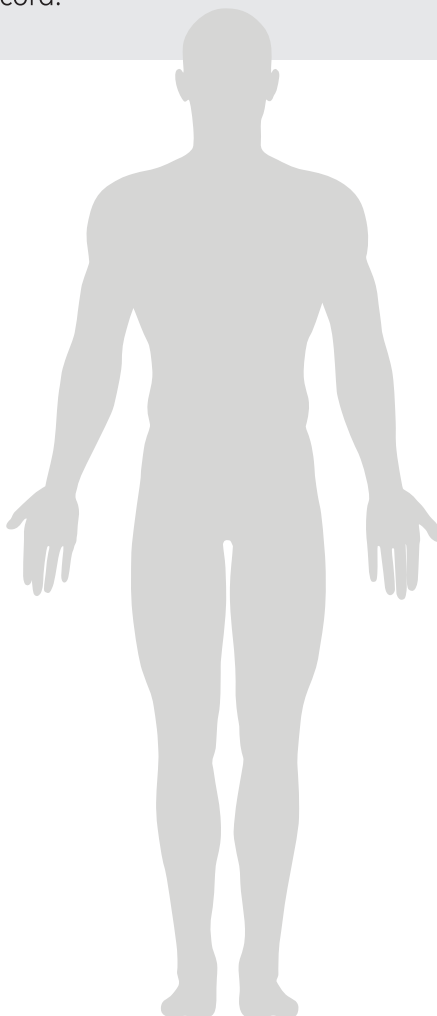
ENVIRONMENTAL TRIGGERS

Cold, dry weather: _____

Low humidity/ dry weather: _____

Smoke exposure: _____

Other: _____



FRONT

YOUR BODY

Drugs/medications: _____

Hot water bathing: _____

Infectious disease: _____

Skin injuries: _____

Smoking: _____

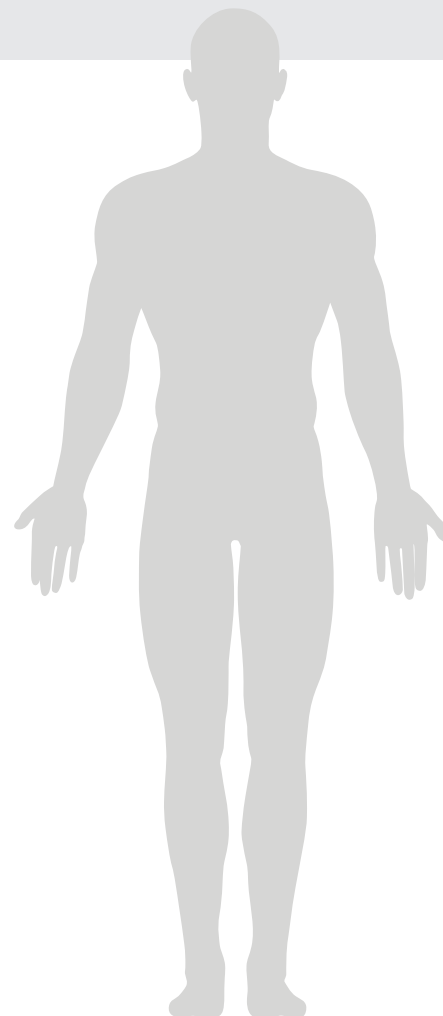
Stress: _____

Sunburns: _____

Skin care products: _____

Sore throat: _____

Other: _____



BACK

HOME FACTORS

Cold home: _____

Low humidity/dry home: _____

Family members w/ infectious diseases: _____

Other: _____

ADDITIONAL COMMENTS

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