



Journal - Skin Type Factors

Predisposition: _____

<input checked="" type="checkbox"/> Factor	Notes
<input type="checkbox"/> Date	_____
<input type="checkbox"/> Hormonal Changes	_____
<input type="checkbox"/> Health Problems	_____
<input type="checkbox"/> Medications	_____
<input type="checkbox"/> Skin Disorders	_____
<input type="checkbox"/> Smoking	<input type="checkbox"/> None <input type="checkbox"/> Below Avg. <input type="checkbox"/> Average <input type="checkbox"/> Above Avg.
<input type="checkbox"/> Climate	Indoors: _____ Outdoors: _____
<input type="checkbox"/> Sun Exposure	<input type="checkbox"/> Sunscreen: _____
<input type="checkbox"/> Diet	Morning: _____ Afternoon: _____ Evening: _____ Snacks: _____
<input type="checkbox"/> Hygiene	Morning: _____ Afternoon: _____ Evening: _____
<input type="checkbox"/> Makeup	_____ _____ _____

Skin Type

Morning:	<input type="checkbox"/> Normal	<input type="checkbox"/> Dry	<input type="checkbox"/> Oily	<input type="checkbox"/> Combination
Afternoon:	<input type="checkbox"/> Normal	<input type="checkbox"/> Dry	<input type="checkbox"/> Oily	<input type="checkbox"/> Combination
Evening:	<input type="checkbox"/> Normal	<input type="checkbox"/> Dry	<input type="checkbox"/> Oily	<input type="checkbox"/> Combination

Stress

General Notes:

