DAY
1

WEEK 1

Date _____

(M) (T) (W) (T) (F) (S) (S)

Testing: _____ Week ____ of 12

STEP	AM	PM	WHAT I USED (IF DIFFERENT FROM MY PLAN)
CLEANSE	☐	☐	
TREAT	☐	☐	
MOISTURIZE	☐	☐	
PROTECT	☐	—	

☐ Retinoid night ☐ Acid night ☐ Two fingers of sunscreen ☐ Reapplied

SKIN TODAY (0 NONE · 1 SLIGHT, PASSES · 2 CLEAR, BEARABLE · 3 LASTING)

Redness (0) (1) (2) (3) Stinging, burning (0) (1) (2) (3)

Flaking, dryness (0) (1) (2) (3) Itching (0) (1) (2) (3)

Skin feels: tight ☐ · comfortable ☐ · oily ☐ · mixed ☐

New spots: ____ Inflamed spots: ____ Face flushed after: _____

SLEEP LAST NIGHT

(1) (2) (3) (4) (5)

HOURS SLEPT ____

STRESS (1–10) ____

HOURS IN SUN ____

WHAT HELPED TODAY

Which product on your shelf would you miss most, and why?

TOMORROW'S TRICKY MOMENT → IF ... THEN ...

e.g. If I'm tempted to buy something new, then I'll write it on the plan and wait until week 12.

NOTES

Today: ✓ full routine ½ minimum (sunscreen + moisturizer) ✗ skipped

DAY	MARK	ENOUGH SUNSCREEN	R / A NIGHT	HIGHEST IRRITATION	SLEEP	STRESS
1						
2						
3						
4						
5						
6						
7						

✓ ____ ½ ____ ✗ ____ Highest irritation this week: ____

A 3 that lasted more than three days? ☐ No ☐ Yes → drop back a step, or stop the new product

WHAT MY SKIN DID THIS WEEK, AND WHAT WAS GOING ON

WHAT WORKED

WHAT I NOTICED FROM THIS WEEK'S EXPERIMENT

NEXT WEEK ☐ **SAME ROUTINE** ☐ **FEWER PRODUCTS** ☐ **ADD ONE (ONLY AFTER TWO WEEKS WITHOUT IRRITATION)**

Write this week's line on your product trial card (page 145), plot the week on page 11 and copy your marks to page 12.