

7-Day Skin Hydration Tracker

A simple record for dry, dehydrated-looking, or barrier-stressed skin.

COMFORT MIND BODY

Use this tracker to notice patterns, not to diagnose your skin.

Keep your basic routine steady. Introduce no more than one new product during the seven days.

Start Here

Circle or tick the options that fit today. Leave the rest blank.

My current skin pattern

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Tight after cleansing | <input type="checkbox"/> Oily but uncomfortable | <input type="checkbox"/> Flaky or rough | <input type="checkbox"/> Burning or stinging |
| <input type="checkbox"/> Dull or makeup clings | <input type="checkbox"/> Retinoid or acne treatment | <input type="checkbox"/> Cold / dry air / travel | <input type="checkbox"/> Sensitive or reactive |

My current cleanser: _____

My main moisturizer: _____

Choose Your Focus

Use the same answer all week unless your skin gives you a reason to adjust.

HYDRATE

Tight, dull, or oily but uncomfortable.

Use one water-light layer. Then moisturize if needed.

MOISTURIZE

Rough, flaky, or dry-feeling skin.

Use a barrier-support lotion or cream.

PAUSE

Burning, peeling, or unusual redness.

Stop strong actives. Keep the basics simple.

A simple 7-day rule

Keep your cleanser, moisturizer, and sunscreen consistent. Add only one new product, then track how your skin feels before deciding whether to hydrate more, moisturize more, or pause active ingredients.

Stop and seek professional guidance for swelling, blistering, hives, severe pain, a spreading rash, or trouble breathing.

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Daily check-ins - keep notes short, specific, and honest.

COMFORT MIND BODY

Day-by-Day Skin Check

Tick what you notice. Write only enough to spot a pattern by the end of the week.

DAY	AM ROUTINE	PM ROUTINE	SKIN FEEL			NEXT STEP
Day 1 Date: _____ _____	Cleanse / serum / moisturizer / SPF _____ _____	Cleanse / treatment / moisturizer _____ _____	<input type="checkbox"/> Tight <input type="checkbox"/> Red	<input type="checkbox"/> Oily <input type="checkbox"/> Sting	<input type="checkbox"/> Flaky <input type="checkbox"/> Calm	<input type="checkbox"/> Hydrate <input type="checkbox"/> Moisturize <input type="checkbox"/> Pause actives
Day 2 Date: _____ _____	Cleanse / serum / moisturizer / SPF _____ _____	Cleanse / treatment / moisturizer _____ _____	<input type="checkbox"/> Tight <input type="checkbox"/> Red	<input type="checkbox"/> Oily <input type="checkbox"/> Sting	<input type="checkbox"/> Flaky <input type="checkbox"/> Calm	<input type="checkbox"/> Hydrate <input type="checkbox"/> Moisturize <input type="checkbox"/> Pause actives
Day 3 Date: _____ _____	Cleanse / serum / moisturizer / SPF _____ _____	Cleanse / treatment / moisturizer _____ _____	<input type="checkbox"/> Tight <input type="checkbox"/> Red	<input type="checkbox"/> Oily <input type="checkbox"/> Sting	<input type="checkbox"/> Flaky <input type="checkbox"/> Calm	<input type="checkbox"/> Hydrate <input type="checkbox"/> Moisturize <input type="checkbox"/> Pause actives
Day 4 Date: _____ _____	Cleanse / serum / moisturizer / SPF _____ _____	Cleanse / treatment / moisturizer _____ _____	<input type="checkbox"/> Tight <input type="checkbox"/> Red	<input type="checkbox"/> Oily <input type="checkbox"/> Sting	<input type="checkbox"/> Flaky <input type="checkbox"/> Calm	<input type="checkbox"/> Hydrate <input type="checkbox"/> Moisturize <input type="checkbox"/> Pause actives
Day 5 Date: _____ _____	Cleanse / serum / moisturizer / SPF _____ _____	Cleanse / treatment / moisturizer _____ _____	<input type="checkbox"/> Tight <input type="checkbox"/> Red	<input type="checkbox"/> Oily <input type="checkbox"/> Sting	<input type="checkbox"/> Flaky <input type="checkbox"/> Calm	<input type="checkbox"/> Hydrate <input type="checkbox"/> Moisturize <input type="checkbox"/> Pause actives
Day 6 Date: _____ _____	Cleanse / serum / moisturizer / SPF _____ _____	Cleanse / treatment / moisturizer _____ _____	<input type="checkbox"/> Tight <input type="checkbox"/> Red	<input type="checkbox"/> Oily <input type="checkbox"/> Sting	<input type="checkbox"/> Flaky <input type="checkbox"/> Calm	<input type="checkbox"/> Hydrate <input type="checkbox"/> Moisturize <input type="checkbox"/> Pause actives
Day 7 Date: _____ _____	Cleanse / serum / moisturizer / SPF _____ _____	Cleanse / treatment / moisturizer _____ _____	<input type="checkbox"/> Tight <input type="checkbox"/> Red	<input type="checkbox"/> Oily <input type="checkbox"/> Sting	<input type="checkbox"/> Flaky <input type="checkbox"/> Calm	<input type="checkbox"/> Hydrate <input type="checkbox"/> Moisturize <input type="checkbox"/> Pause actives

End-of-week check: What changed? What stayed calm? What product or habit should you keep, reduce, or pause?