COMFORT MIND BODY

14-Day Spring Skin Care Transition Planner

Observe first. Change one thing. Track what the skin tells you.

KEEP

Continue what still feels comfortable.

LIGHTEN

Reduce weight or layers only when needed.

SOOTHE

Simplify when skin feels reactive.

PROTECT

Keep sunscreen and barrier care consistent.

Read the complete spring routine guide

https://comfortmindbody.com/7-spring-skin-care-tips-for-healthy-skin-you-need-now/

Printable educational planner - not medical advice

Created by Comfort Mind Body

www.comfortmindbody.com

How To Use This Planner

A calm two-week transition - not a routine overhaul

1

Days 1-3: Observe

Keep the current routine stable. Record weather, pollen, comfort, oil, dryness and breakouts.

2

Day 4: Change one thing

Choose one useful adjustment, such as a lighter layer, gentler cleanse or better sunscreen fit.

3

Days 5-10: Track

Do not add a second optional product. Look for patterns rather than judging one unusual day.

4

Days 11-13: Compare

Decide whether the change improved comfort, layering, breakouts or irritation.

5

Day 14: Keep, switch or stop

Write the next routine based on what actually happened.

Planner rules

- ☐ Keep prescription care unchanged unless the prescriber advises otherwise.
- ☐ Test only one meaningful optional change at a time.
- ☐ Do not force a lighter moisturizer when skin still feels dry or tight.
- ☐ Use sunscreen as directed; spring is not the start of sunscreen season.
- ☐ Pause optional actives if skin develops burning, swelling, hives, blistering or a spreading rash.
- ☐ Seek professional guidance for persistent irritation, deep or scarring acne, or severe allergy symptoms.

Current Routine Inventory

Write what is actually used before deciding what should change

AM step	Product or prescription	How it feels by midday	Keep?
Cleanse/rinse			
Hydrating layer			
Treatment			
Moisturizer			
Sunscreen			
Other			

PM step	Product or prescription	How skin feels later	Keep?
Makeup/SPF removal			
Cleanser			
Treatment			
Hydrating layer			
Moisturizer			
Targeted care			
Other			

Body, lips and hands

Products used: _____

What still feels dry, rough or irritated: _____

Starting Skin Snapshot

Record the baseline before making the spring change

Skin description

- ☐ Dry
- ☐ Oily
- ☐ Combination
- ☐ Balanced
- ☐ Acne-prone
- ☐ Sensitive/reactive
- ☐ Mature
- ☐ Unsure

Current prescription care: _____

Rate today's skin signals

0 = none 1 = mild 2 = noticeable 3 = strong 4 = severe

Tightness	0	1	2	3	4
Flaking/roughness	0	1	2	3	4
Oiliness/shine	0	1	2	3	4
Redness/itch	0	1	2	3	4
Stinging/burning	0	1	2	3	4
Breakouts	0	1	2	3	4
Overall discomfort	0	1	2	3	4

Baseline context

Typical spring weather: _____

Typical pollen/allergy exposure: _____

Average outdoor time: _____

Main concern to improve: _____

What already works well: _____

What I do not want to disrupt: _____

The One-Change Plan

Choose the smallest useful adjustment

The problem I am trying to solve

My one spring change

- ☐ Lighter texture
- ☐ Fewer layers
- ☐ Gentler cleansing
- ☐ Better SPF fit
- ☐ More recovery nights
- ☐ Other

Exact product or step:

Everything I will keep stable

- ☐ Cleanser
- ☐ Moisturizer
- ☐ Sunscreen
- ☐ Prescription care
- ☐ Treatment frequency
- ☐ Other

Products I will not introduce during this test:

How I will judge the change

Success would look or feel like:

A reason to reduce or stop:

Test start date: Review date:

Do not deliberately continue a product that causes severe or worsening irritation just to complete the tracker.

AM And PM Routine Builder

Core steps first; optional steps only when they solve a clear problem

AM routine

- [ ] 1. Rinse or gentle cleanse
- [ ] 2. Optional hydration
- [ ] 3. One goal-based treatment
- [ ] 4. Moisturizer
- [ ] 5. Sunscreen
- [ ] 6. Reapplication plan

PM routine

- [ ] 1. Remove makeup/SPF if needed
- [ ] 2. Gentle cleanse
- [ ] 3. Recovery or treatment night
- [ ] 4. Optional hydration
- [ ] 5. Moisturizer
- [ ] 6. Targeted dry-area care

Recovery night

Cleanse gently, use optional hydration, moisturize and skip unnecessary strong actives.

My recovery-night products: _____

Treatment night

Use one established active or prescribed treatment, followed by supportive moisture as appropriate.

My treatment-night product: _____

My layering reminder

Wait time only when needed for comfort or pilling: _____

Areas where I use less product: _____

More steps do not automatically create a better routine.

Treatment And Recovery-Night Calendar

Plan before the week becomes crowded with actives

Day	Recovery / treatment / flexible	Treatment used	Reason or note
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Circle the plan before each evening. If skin becomes irritated, a recovery night may be more useful than another active.

- ☐ I left space between strong treatment nights
- ☐ I did not add multiple new actives

Sunscreen And Product Condition Audit

Check condition and fit before buying replacements

Sunscreen check

Product and SPF: _____

Expiration date or purchase date: _____

Stored away from excess heat: _____

Texture and smell normal: _____

Comfortable with moisturizer: _____

Decision: keep / replace / compare _____

Product condition audit

Product	Opened or bought	Smell/color/texture	Keep / replace

Cosmetics may not have a printed expiration date. Condition, storage, packaging and the period-after-opening symbol can help guide review.

Do not use expired sunscreen or a product with an unusual odor, color, separation or damaged packaging.

Day 1: Baseline day

One day per page for clear, usable notes

Today's focus: Use the established routine. Do not make the spring change yet.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 2: Weather versus skin

One day per page for clear, usable notes

Today's focus: Notice whether temperature, humidity, wind or indoor air changes comfort.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 3: Confirm the need

One day per page for clear, usable notes

Today's focus: Choose the single change only if a repeated problem is visible.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 4: Introduce one change

One day per page for clear, usable notes

Today's focus: Start the planned adjustment and keep the rest of the routine stable.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 5: Check immediate tolerance

One day per page for clear, usable notes

Today's focus: Look for comfort, pilling, excess shine, tightness, itching or stinging.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 6: Pollen and outdoor exposure

One day per page for clear, usable notes

Today's focus: Track time outside, rubbing, watery eyes, sweat and cleansing afterward.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 7: Week-one review

One day per page for clear, usable notes

Today's focus: Compare today with the baseline. Do not judge only by one breakout.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 8: Recovery-night check

One day per page for clear, usable notes

Today's focus: Notice whether a simpler evening improves comfort by morning.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 9: Breakout pattern

One day per page for clear, usable notes

Today's focus: Record location, itch, tenderness and possible friction or product buildup.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 10: Sunscreen and layering

One day per page for clear, usable notes

Today's focus: Check comfort, pilling, reapplication and removal at night.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 11: Climate adjustment

One day per page for clear, usable notes

Today's focus: Ask whether the routine works on both cool mornings and warmer afternoons.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 12: Body, lips and hands

One day per page for clear, usable notes

Today's focus: Check areas that may still carry winter dryness or new outdoor exposure.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 13: Draft the decision

One day per page for clear, usable notes

Today's focus: Is the change useful enough to keep, modify or stop?

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Day 14: Final comparison

One day per page for clear, usable notes

Today's focus: Compare with Day 1 and complete the final review on the next page.

Weather and exposure

☐ Cold ☐ Mild ☐ Warm ☐ Humid ☐ Dry ☐ Windy ☐ Rainy ☐ High pollen

Outdoor time: _____ Sweat: none / light / heavy Air conditioning: low / medium / high

AM routine

☐ Rinse/cleanse ☐ Hydration

☐ Treatment ☐ Moisturizer

☐ SPF ☐ Reapplied

Notes: _____

PM routine

☐ Remove SPF/makeup ☐ Cleanse

☐ Treatment ☐ Recovery

☐ Moisturize ☐ Targeted care

Notes: _____

Skin signal check

Circle 0-4: none to severe

Tightness	0	1	2	3	4	Rough/flaky	0	1	2	3	4
Oil/shine	0	1	2	3	4	Red/itchy	0	1	2	3	4
Stinging	0	1	2	3	4	Breakouts	0	1	2	3	4
Comfort	0	1	2	3	4						

Breakout or irritation notes

Location: forehead / nose / cheeks / chin / eye area / neck / chest / back / other

Feels: clogged / tender / itchy / hot / dry / stinging / uncertain

One-change log and reflection

What changed today: _____

Tomorrow I will keep / adjust / stop: _____

Final Keep, Switch Or Stop Review

Use the two-week record - not seasonal pressure - to build the next routine

Compare Day 1 with Day 14

The clearest improvement was: _____

The clearest problem was: _____

Decision	Product, step or habit	Why	Next action
KEEP			
KEEP			
SWITCH			
SWITCH			
STOP			
WATCH			

My next two-week routine

AM: _____

PM recovery night: _____

PM treatment night: _____

Pause and ask for help when needed

Persistent or spreading rash, severe burning, swelling, hives, blistering, eye-area swelling, deep or scarring acne, or repeated reactions deserve professional guidance. Breathing difficulty or signs of a severe allergic reaction require urgent care.

This planner is educational and does not diagnose or treat a medical condition.