30-DAY
SKIN RECOVERY TRACKER

A simple daily journal to help you observe your skin, stay consistent, and track your progress.

Name _____

Start Date _____

End Date _____

Main Skin Concern _____

BEFORE YOU BEGIN

Take a clear photo of your skin before Day 1. Use the same lighting, camera, distance and angle for progress photos. This tracker is for observation and consistency; it is not a medical diagnosis.

HOW TO USE YOUR TRACKER

1. Complete one page each day.

2. Rate your skin honestly rather than trying to achieve a particular score.

3. Record anything unusual, including new products, irritation, dryness, breakouts or changes in your routine.

4. Take progress photos on Days 1, 7, 14, 21 and 30.

5. Look for trends over time instead of judging your skin from one day.

DAILY RATING GUIDE

1	Very poor / severe
2	Poor / noticeable
3	Okay / moderate
4	Good / mild
5	Very good / comfortable

DAY 1

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

PROGRESS PHOTO — DAY 1

Use the same lighting, angle and distance as your previous photos.

PHOTO SPACE

DAY 2

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 3

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 4

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 5

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 6

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 7

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____

_____

_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

PROGRESS PHOTO — DAY 7

Use the same lighting, angle and distance as your previous photos.

PHOTO SPACE

DAY 8

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 9

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 10

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 11

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 12

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 13

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 14

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____

_____

_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

PROGRESS PHOTO — DAY 14

Use the same lighting, angle and distance as your previous photos.

PHOTO SPACE

DAY 15

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 16

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 17

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 18

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 19

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 20

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 21

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____

_____

_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

PROGRESS PHOTO — DAY 21

Use the same lighting, angle and distance as your previous photos.

PHOTO SPACE

DAY 22

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 23

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 24

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 25

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 26

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 27

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 28

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 29

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____
_____
_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

DAY 30

Date: _____

HOW DOES YOUR SKIN FEEL TODAY?

■ Dry ■ Tight ■ Normal ■ Oily ■ Comfortable ■ Sensitive

RATE YOUR SKIN TODAY **(1 = worst, 5 = best)**

Skin comfort	1 2 3 4 5
Hydration	1 2 3 4 5
Texture	1 2 3 4 5
Irritation / redness	1 2 3 4 5
Bumps / breakouts	1 2 3 4 5
Overall skin condition	1 2 3 4 5

WHAT DID YOU NOTICE TODAY?

_____

_____

_____

TODAY'S ROUTINE / PRODUCTS USED

_____

ANY IRRITATION OR UNUSUAL REACTION?

■ No ■ Yes — Please describe: _____

PROGRESS PHOTO — DAY 30

Use the same lighting, angle and distance as your previous photos.

PHOTO SPACE

30-DAY REVIEW

Compare your Day 1 and Day 30 photos and review your notes.

WHAT CHANGED?

■ Improved ■ Same ■ Worse **Dryness / hydration**

■ Improved ■ Same ■ Worse **Irritation / redness**

■ Improved ■ Same ■ Worse **Bumps / breakouts**

■ Improved ■ Same ■ Worse **Texture**

■ Improved ■ Same ■ Worse **Appearance of dark marks**

■ Improved ■ Same ■ Worse **Overall skin comfort**

MY BIGGEST OBSERVATION

_____

_____

_____

_____

_____

MY OVERALL PROGRESS

1 2 3 4 5

What will I continue doing? _____

_____