Bedtime nasal congestion observation card

Week of _____ Record when you naturally notice a change.

Night and room	Before lying down	After settling	When I next got up	Other observations
Night 1				
Night 2				
Night 3				
Night 4				
Night 5				
Night 6				
Night 7				

Include the time, which side felt blocked and whether you were sitting, lying or upright. Use “not recorded” for a missed check.

Personal observations only. Not clinically reviewed. These sheets do not diagnose symptoms or replace your care team’s instructions. Do not delay care to complete a diary.