# Cold-air transition observation card

Date range _____ Name or initials (optional) _____

| Date and place | Indoors to outdoors: onset | Outdoors to indoors: change | Recovery or comparison with no symptoms |
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Mark a missed check “not recorded”. Mark uncertain times as estimates. A pattern does not establish a cause. Follow the product leaflet and your own care instructions.

## My question

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.