Headache and nasal symptom note card

Date _____ Start time or best estimate _____

Start and end

What appeared first, and when did the different symptoms settle?

Where and how

Side, location and your own description of the feeling.

Nose and smell

Blockage, drainage, watery eyes, smell change or a check that was clear.

What came with it

Light or sound sensitivity, nausea, a recent cold or another observation.

Impact and action

What it interrupted, what you used as part of your usual plan, and when.

Question for my clinician

Write the question you want to ask first.

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.