Morning congestion observation card

Date range _____ Name or initials (optional) _____

Date	On waking: time, side, symptoms	Later check: time and observations	Bedtime context or unknown

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.