Pollen and nasal symptom diary

Week of _____ Provider _____

Area or station _____ Forecast or measured count _____

Date and time	Pollen type and level	Time and place outdoors	Nasal or eye symptoms	Other context
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

Use the provider’s level or unit as shown. Mark “no local reading” when data are unavailable and “not recorded” if you skipped the symptom 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.