Seven day sinus symptom diary

Name or initials _____ Week of _____

Overall labels. Clear, my usual, better than usual, worse than usual, or not recorded.

Date	Overall	Blockage and side	Pressure and location	Smell	Impact or context
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

Fictional completed week

Date	Overall	Blockage and side	Pressure and location	Smell	Impact or context
Mon 7 Sep	My usual	Mild, both	None noticed	Unchanged	Usual work day
Tue 8 Sep	Worse	More blocked on left	Left cheek after lunch	Unchanged	Woke once overnight
Wed 9 Sep	Not recorded				No check-in
Thu 10 Sep	Worse	More blocked on left	Left cheek, brief	Unsure	Stopped once during a walk
Fri 11 Sep	My usual	Mild, both	None noticed	Unchanged	No impact noted
Sat 12 Sep	Better	Slight, right	None noticed	Unchanged	Slept through, as recalled
Sun 13 Sep	Clear	None at check-in	None at check-in	Normal for me	No impact noted

Week recap. Six of seven days logged. Left side felt more blocked on two recorded days. Wednesday is unknown.

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.