Smell change observation log

Date range _____ Name or initials (optional) _____

Date / onset or estimate	What changed in my own words	Other nasal observations	Impact / question for clinician

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.