**Symptomkalender Pädiatrische Allergologie**

|  |  |  |  |
| --- | --- | --- | --- |
| 0= keine Symptome | 1= leichte Symptome | 2= mässige Symptome | 3=schwere Symptome |

**Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Datum | Symptome | | | | | | | | | | | | | | | | | Monat: | Jahr: | Wetter | | | |
| Nase | | | | Augen | | | | Lunge | | | | Haut | | | | Andere Beschwerden, Medikamente (welche, Anzahl / Dosis), Bemerkungen | | | Sonne | Teils Sonne | Regen | |
| 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
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| 9. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 16. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 17. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 18. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 19. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 20. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 21. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 22. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 23. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
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| 27. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
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| 30. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 31. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Datum | Symptome | | | | | | | | | | | | | | | | | Monat: | Jahr: | Wetter | | | |
| Nase | | | | Augen | | | | Lunge | | | | Haut | | | | Andere Beschwerden, Medikamente (welche, Anzahl / Dosis), Bemerkungen | | | Sonne | Teils Sonne | Regen | |
| 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |
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