**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Jahr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monat:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beschwerden:** *1 = milde, 2 = mittel, 3 = stark*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Auge** | | | **Nase** | | | **Lunge** | | |  | **Medikament** | | **Verabreicht** | | **Wetter** | **Bemerkungen** | **Peakflow** |
|  | Juckreiz | Tränenfluß | Rötung | Niesreiz | Fließ- schnupfen | Verstopfte Nase | Husten | Giemen / Pfeiffen | Atemnot |  | Medikament 1 Name:  ……………….. | Medikament 2 Name:  ……………... | Medikament 1 Dosis?  Wie oft? | Medikament 2 Dosis?  Wie oft? | Sonne (S) Regen (R) Wind (W) | Krankheit, Urlaub, Allergenexposition (z.B. Tierkontakt) Belastung (Sport) | Morgens / abends |
| 1 |  |  |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  | 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  | 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  | 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  | 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  | 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  | 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  | 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  | 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  | 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  | 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  | 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  | 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  | 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  | 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  | 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  | 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  | 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  | 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  | 20 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  | 21 |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  | 22 |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  | 23 |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  | 24 |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  | 25 |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  | 26 |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  | 27 |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  | 28 |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |  | 29 |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  | 30 |  |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |  |  |  | 31 |  |  |  |  |  |  |  |