|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mo** | **Di** | **Mi** | **Do** | **Fr** | **Sa** | **So** |
| Bauchschmerzen |  |  |  |  |  |  |  |
| Blähungen |  |  |  |  |  |  |  |
| Beginn Uhrzeit |  |  |  |  |  |  |  |
| Dauer |  |  |  |  |  |  |  |
| Stärke 1-10Schmerzskala |  |  |  |  |  |  |  |
| Übelkeit |  |  |  |  |  |  |  |
| Erbrechen |  |  |  |  |  |  |  |
| Weitere Schmerzen |  |  |  |  |  |  |  |
| Medikamente Dosis |  |  |  |  |  |  |  |
| Stuhlgang |  |  |  |  |  |  |  |
| Wann? |  |  |  |  |  |  |  |
| Wie geartet?  |  |  |  |  |  |  |  |
|  Aktivitäten verhindert durch Schmerzen |  |  |  |  |  |  |  |
| Besondere Speisen /Süßigkeiten |  |  |  |  |  |  |  |
| Besondere Getränke |  |  |  |  |  |  |  |