# Symptomtagebuch

Name _____

| Stärke | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|

| Datum | Zeit | Symptom | 0–10 | Möglicher Auslöser | Was half |
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