

Name: .....

Tag, Datum: .....

| Uhrzeit   | Menge          | Nahrungsmittel/Getränke | Beschwerden |                          |                                     | Stuhlgang |      |         |
|-----------|----------------|-------------------------|-------------|--------------------------|-------------------------------------|-----------|------|---------|
|           |                |                         | keine       | Bauch-<br>schmer-<br>zen | Wo genau?<br>Oberbauch?/Unterbauch? | weich     | fest | flüssig |
| z.B. 8:00 | 1 Schei-<br>be | Weizenbrot              |             |                          |                                     |           |      |         |
|           | 1 Schei-<br>be | Käse                    |             |                          |                                     |           |      |         |
|           | 1 Schei-<br>be | Wurst                   |             |                          |                                     |           |      |         |
|           | 1 Becher       | Joghurt                 |             |                          |                                     |           |      |         |
|           | 1 Teller       | Suppe                   |             |                          |                                     |           |      |         |
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|         |       |                         | keine       | Bauch-<br>schmer-<br>zen | Wo genau?<br>Oberbauch?/Unterbauch? | weich     | fest | flüssig |
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