

WIR DENKEN WEITER:

AllerGOlogie

Ihr persönliches
Allergie-Tagebuch

 **Bencard[®]**
Allergie

Ihr persönliches Allergie-Tagebuch

Name

Straße

PLZ/Ort

Telefon

Behandelnder Arzt (Praxisstempel)

Hyposensibilisierungs-Präparat

Sehr geehrte Patientin,
sehr geehrter Patient,

dieses Tagebuch soll Sie und Ihren behandelnden Arzt beim Umgang mit Ihren allergischen Beschwerden und bei deren optimaler Behandlung unterstützen.

Bitte tragen Sie täglich Ihre Beschwerden und die an diesem Tag eingenommenen Medikamente in das Tagebuch ein. Dies und die Information über die Wetterlage hilft Ihrem Arzt Ihre allergischen Beschwerden noch besser zu beurteilen und die Behandlung darauf abzustimmen.

Bitte legen Sie dieses Tagebuch bei jedem Besuch Ihrem Arzt vor.

Mit den besten Wünschen für Ihre Gesundheit

Ihr Service-Team von Bencard® Allergie

Ihr persönliches Allergie-Tagebuch

Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.



Monat/Jahr: _____

| Datum | Nase | | | | Augen | | | | Lunge | | | | Haut | | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|---|-------|---|---|---|-------|---|---|---|------|---|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch

Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.



Monat/Jahr: _____

| Datum | Nase | | | | Augen | | | | Lunge | | | | Haut | | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|---|-------|---|---|---|-------|---|---|---|------|---|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch

Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.



Monat/Jahr: _____

| Datum | Nase | | | Augen | | | Lunge | | | Haut | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|-------|---|---|-------|---|---|------|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch

Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.



Monat/Jahr: _____

| Datum | Nase | | | Augen | | | Lunge | | | Haut | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|-------|---|---|-------|---|---|------|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch



Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.

Monat/Jahr: _____

| Datum | Nase | | | Augen | | | Lunge | | | Haut | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|-------|---|---|-------|---|---|------|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch



Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.

Monat/Jahr: _____

| Datum | Nase | | | Augen | | | Lunge | | | Haut | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|-------|---|---|-------|---|---|------|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch



Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.

Monat/Jahr: _____

| Datum | Nase | | | Augen | | | Lunge | | | Haut | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|-------|---|---|-------|---|---|------|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch



Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.

Monat/Jahr: _____

| Datum | Nase | | | Augen | | | Lunge | | | Haut | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|-------|---|---|-------|---|---|------|---|---|---|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch

Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.



Monat/Jahr: _____

| Datum | Nase | | | | Augen | | | | Lunge | | | | Haut | | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|---|-------|---|---|---|-------|---|---|---|------|---|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch

Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.



Monat/Jahr: _____

| Datum | Nase | | | | Augen | | | | Lunge | | | | Haut | | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|---|-------|---|---|---|-------|---|---|---|------|---|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch



Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.

Monat/Jahr: _____

| Datum | Nase | | | Augen | | | Lunge | | | Haut | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|-------|---|---|-------|---|---|------|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | |

Ihr persönliches Allergie-Tagebuch

Allergische Beschwerden

Bitte kreuzen Sie die Stärke Ihrer Beschwerden an.



Monat/Jahr: _____

| Datum | Nase | | | | Augen | | | | Lunge | | | | Haut | | | | Andere Beschwerden, Medikamente (welche, Anzahl/Dosis), Bemerkungen | Wetter | | |
|-------|------|---|---|---|-------|---|---|---|-------|---|---|---|------|---|---|---|--|--------|--|--|
| | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | | | | | |
| 26. | | | | | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | | | | | |
| 29. | | | | | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | | | | | |
| 31. | | | | | | | | | | | | | | | | | | | | |

Pollen- und Sporenflug-Kalender, Wetterbericht und Pollenflugvorhersage

| Pollen- und Sporenflug-Kalender | | | | | | | | | | | | |
|---------------------------------|------|------|------|-------|-----|------|------|------|-------|------|------|------|
| | Jan. | Feb. | März | April | Mai | Juni | Juli | Aug. | Sept. | Okt. | Nov. | Dez. |
| Erle | ■ | ■ | ■ | ■ | | | | | | | | |
| Hasel | ■ | ■ | ■ | ■ | | | | | | | | |
| Esche | | | ■ | ■ | | | | | | | | |
| Birke | | | ■ | ■ | | | | | | | | |
| Platane | | | ■ | ■ | | | | | | | | |
| Gräser | | | | ■ | ■ | ■ | ■ | ■ | ■ | | | |
| Roggen | | | | | ■ | ■ | | | | | | |
| Brennessel | | | | | ■ | ■ | ■ | ■ | ■ | | | |
| Wegerich | | | | | ■ | ■ | ■ | ■ | ■ | | | |
| Beifuß | | | | | | | ■ | ■ | ■ | | | |
| Ragweed | | | | | | | ■ | ■ | ■ | ■ | ■ | |
| Alternaria | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |

■ Auftreten ■ mäßiges Auftreten ■ starkes Auftreten

Wie der tägliche Wetterbericht für alle, sind für Pollenallergiker die aktuellen Pollenflugdaten an ihrem Aufenthaltsort ein wichtiger Indikator für persönliche Planung und Wohlbefinden.

Für diesen Service greifen wir auf die Daten des Österreichischen Pollenwarndienstes zurück. Die Pollenflugvorhersage sowie weitere Informationen zum Thema Allergien finden Sie unter www.pollenwarndienst.at

auf der **Pollen-APP** des **Österreichischen Pollenwarndienstes**



und auf unserer Website www.bencard.com

Mit freundlicher Unterstützung des Österreichischen Pollenwarndienstes der Medizinischen Universität Wien



pollenwarndienst.at

Tipps für Allergiker

Pollenallergiker

- Bei Pollenflug Tätigkeiten im Freien vermeiden
- Spät am Abend lüften
- Auto mit Pollenfilter ausstatten
- Pollenkonzentration in den Wohnräumen durch häufiges Säubern niedrig halten

Milbenallergiker

- Bettwäsche jede Woche wechseln und bei mind. 60°C waschen
- Matratzen etc. regelmäßig reinigen
- Möglichst nicht selbst Staub saugen

Schimmelpilzallergiker

- Wohnung, Wasch- und Kellerräume gründlich lüften
- Bei der Einrichtung auf Polstermöbel, Teppichböden verzichten
- Nasse Kleidung sofort luftig trocknen
- Küchenabfälle sofort beseitigen

Tierhaarallergiker

- Umgang mit entsprechenden Tieren meiden
- Auf Einrichtungsgegenstände aus Fell, Rosshaar oder Angorawolle verzichten

Notizen

Weitere Informationen zum Thema Allergien finden Sie im Internet unter www.bencard.com

Bencard® Allergie GmbH – Österreich

Stiftgasse 18/5-6

1070 Wien

Tel. +43 (0) 1 606 11-11

Fax +43 (0) 1 606 11-24

