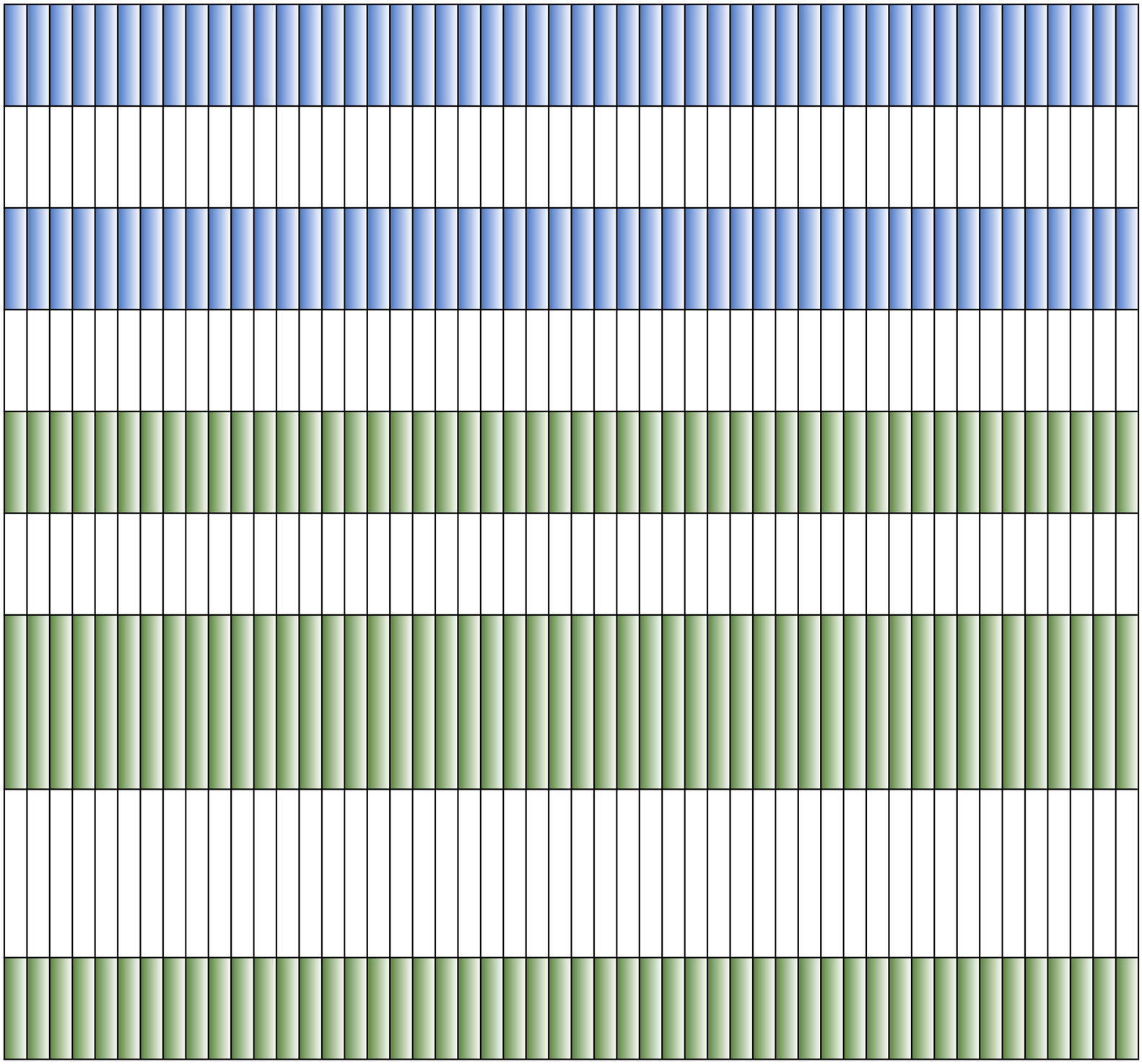
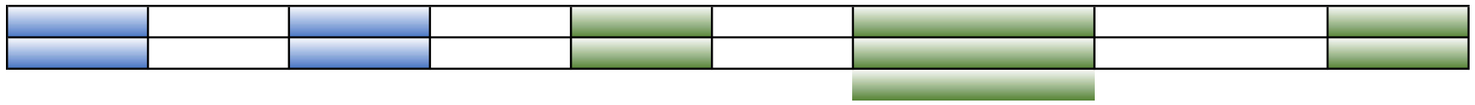
1. Schmerztagebuch

Datum	Schmerzintensität (0-10)	Ort des Schmerzes	Zusätzliche Bemerkungen