








# Mein Dosierungsplan



## Woche 01

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

→ Setzen Sie jeweils ein Kreuzchen, wenn Sie Ihr Mittel wie geplant eingenommen haben.

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 02

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 03

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 04

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 05

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 06

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 07

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 08

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 09

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 10

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 11

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 12

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 13

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 14

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 15

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 16

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 17

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....








.....

Nächster Arzttermin:

.....

## Woche 18

Datum: .....

Mo	Di	Mi	Do	Fr	Sa	So
						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beobachtungen/Anpassungen:

.....

.....

.....

.....

.....

Nächster Arzttermin:

.....

## Hilfreiche Tipps

### Was kann ich selbst für einen gesunden Schlaf ausprobieren?

*Ich probiere:*

- Jeden Tag (auch am Wochenende) etwa zur selben Zeit ins Bett gehen und aufstehen.
- Auf mein Mittags- oder Nachmittagsschlafchen verzichten oder auf eine halbe Stunde begrenzen.
- Den Fernseher ausschalten, wenn ich mich beim Fernsehen schläfrig fühle.
- Meinen Schlafbereich nur fürs Schlafen reservieren und dort eine beruhigende Atmosphäre schaffen.
- Abend- und Einschlafrituale anwenden (z. B. Lesen, entspannende Musik hören).
- Die schlaflose Zeit im Bett als Ruhezeit für meinen Körper ansehen.
- Mich nicht selbst unter Druck setzen, wenn meine Schlafdauer weniger als 6 Stunden beträgt, solange ich tagsüber nicht müde und erschöpft bin.
- Entspannungstechniken trainieren, z.B. Yoga, Atemübungen, Autogenes Training, etc. (Fachperson fragen).
- Körperlich aktiv sein, ausser abends.
- Auf Koffein, Alkohol oder Nikotin am Abend möglichst verzichten.
- Dinge, die mich beschäftigen, auf eine Liste schreiben, sie können bis zum nächsten Tag warten.
- 1–2 Stunden vor dem Zubettgehen keine grösseren Mengen trinken/essen.



**Dieser Plan gehört:**

Vorname, Name:

.....

Adresse:

.....

.....

Telefonnummer:

.....

Praxisstempel

Die HYPE-Studie wird gesponsert durch:

**VELUX STIFTUNG**