

<b>SYMPTOMS</b>	<b>Date: Time:</b>	<b>Date: Time:</b>	<b>Date: Time:</b>	<b>Date: Time:</b>	<b>Date: Time:</b>
 <b>Breathlessness</b>					
 <b>Cough</b>					
 <b>Tight chest</b>					
 <b>Wheeze</b>					
 <b>Triggers</b> <i>(such as exercise, pollen, weather, hay fever, animals)</i>					