

List the symptoms you're experiencing and rate how you're feeling overall in the following areas:

SYMPTOMS

PAIN

1 2 3 4 5 6 7 8 9 10
mild *intolerable*

MOOD

1 2 3 4 5 6 7 8 9 10
pleasant *irritable*

ANXIETY

1 2 3 4 5 6 7 8 9 10
low stress *high stress*

WHAT AM I TRYING TO ACHIEVE WITH CANNABIS TODAY?



DOSAGE DETAILS

EDIBLE FLOWER TRANSDERMAL

What kind of cannabis product is it? TOPICAL OIL CONCENTRATE

NAME OF STRAIN

STRAIN TYPE

sativa *indica* *hybrid*

What is the CBD/THC ratio? _____

METHOD OF CONSUMPTION

SMOKED VAPED INGESTED/EATEN
 DABBED TOPICAL SUBLINGUAL/ORAL ABSORPTION

AMOUNT CONSUMED

TIME TAKEN

WHAT TIME DID I START TO FEEL THE EFFECTS?

AMOUNT OF TIME BETWEEN DOSE & EFFECTS

created for you by



RECORD THE EFFECTS

What were some of the effects experienced from using this product?
Check all that apply and/or add your own.

<input type="checkbox"/> PAIN RELIEF	<input type="checkbox"/> FOCUSED	<input type="checkbox"/> DRY MOUTH	<input type="checkbox"/> UPLIFTED	_____
<input type="checkbox"/> MUSCLE RELAXATION	<input type="checkbox"/> CREATIVE	<input type="checkbox"/> STRESS RELIEF	<input type="checkbox"/> INCREASED APPETITE	_____
<input type="checkbox"/> TIRED	<input type="checkbox"/> LAZY	<input type="checkbox"/> HEADACHE	<input type="checkbox"/> SOOTHED	_____
<input type="checkbox"/> ENERGIZED	<input type="checkbox"/> DRY EYES	<input type="checkbox"/> RELAXED	<input type="checkbox"/> ANXIOUS	_____

Describe your experience on the lines below.
What do you want to remember about this session?

How would you rate your overall feelings in the following areas now?

PAIN	1	2	3	4	5	6	7	8	9	10	OVERALL WELLNESS
	<i>mild</i>										<input type="checkbox"/> much worse
							<i>intolerable</i>				<input type="checkbox"/> worse
MOOD	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> no change
	<i>pleasant</i>					<i>irritable</i>					<input type="checkbox"/> better
ANXIETY	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> much better
	<i>low stress</i>					<i>high stress</i>					

WOULD I REPEAT THIS MEDICAL MARIJUANA THERAPY SESSION?

yes — *no*