

DAY #

DATE

TIME TAKEN

Product Name:

THC% or mg/ml:

CBD% or mg/ml:

Method of Ingestion:

Amount/Dosage Used:

Taken With/Without Food:

WITH FOOD

WITHOUT FOOD

Duration of Effects:

Effects:

HOUR(S)

MINUTE(S)

How effective was the dose?

-3 -2 -1 0 1 2 3

Comments:

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