

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: [ ] HOUR(S) [ ] MINUTE(S) Effects: [ ]

How effective was the dose? [-3] [-2] [-1] [0] [1] [2] [3] WORSE NO CHANGE OPTIMAL

Comments: [ ]

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