MEDICAL MARIJUANA JOURNAL ENTRY Today's Date: _____

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

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

PRODUCT TYPE: ☐ Edible ☐ Flower ☐ Transdermal ☐ Topical ☐ Vape/Oil ☐ Concentrate

PRODUCT NAME: _____

NAME OF STRAIN: _____

WHERE PURCHASED: _____

STRAIN TYPE: ☐ Sativa ☐ Indica ☐ Hybrid

METHOD OF CONSUMPTION: ☐ Vape - flower ☐ Vape - oil ☐ Ingested/Eaten ☐ Dabbed ☐ Topical ☐ Sublingual/Oral absorption

AMOUNT CONSUMED: _____

TIME TAKEN: _____

WHAT TIME DID I START TO FEEL RELIEF/EFFECT? _____

TIME BETWEEN DOSE AND RELIEF/EFFECT? _____

MEDICAL MARIJUANA JOURNAL ENTRY (continued)

RECORD YOUR EXPERIENCE

What effects/relief did you experience from using this product?

☐ Pain Relief	☐ Focus	☐ Dry Mouth	☐ Uplifted
☐ Muscle Relaxation	☐ Creativity	☐ Stress Relief	☐ Increased Appetite
☐ Sleepiness	☐ Laziness	☐ Headache	☐ Soothed
☐ Energized	☐ Dry Eyes	☐ Relaxed	☐ Anxious

Describe your experience (positives, negatives, things to remember):

Rate your overall feelings during/after product use:

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

OVERALL WELLNESS

- ☐ much worse
- ☐ worse
- ☐ no change
- ☐ better
- ☐ much better

Would I repeat this therapy session with this product? ☐ YES ☐ NO

NOTES: