

Date / / Method \_\_\_\_\_

**Product Name** \_\_\_\_\_

**Where are you?** \_\_\_\_\_

**Who are you with?** \_\_\_\_\_

TIME OF DOSE

LENGTH TIL ONSET

LENGTH OF EFFECTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**before**

**after**

Today I've eaten + drank

Then I ate + drank

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Today I've felt

Then I felt

\_\_\_\_\_

\_\_\_\_\_

**Notes**

**Cannabinoid Profile** (if included on the product label)

THCA \_\_\_\_\_ % THC \_\_\_\_\_ % CBG \_\_\_\_\_ % \_\_\_\_\_ %

CBDA \_\_\_\_\_ % CBD \_\_\_\_\_ % CBN \_\_\_\_\_ % \_\_\_\_\_ %

**Terpene Profile** (if included on the product label)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**before**

**after**

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Then I ate + drank

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\_\_\_\_\_

Today I've felt

Then I felt

\_\_\_\_\_

\_\_\_\_\_

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**Terpene Profile** (if included on the product label)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_