

# MMJ NOTES

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

S M T W T F S



This journal is intended to be used for one days worth of medicine tracking

## E F F E C T S

Check any that apply and write down anything you notice.

- RELAXING  
calming
- HUNGRY
- MOOD UPLIFT  
positive
- DRY MOUTH/EYES
- PAIN RELIEF
- DROWSY  
sedated
- DIZZY
- FOCUS  
creativity
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### MEDICINE TYPE

- SMOKE
- VAPE
- TINCTURE
- EAT
- TOPICAL
- Indica
- Sativa
- Hybrid

PRODUCT/ STRAIN NAME  
SPECIFY \_\_\_\_\_

### DOSE 1

#### DURATION

\_\_\_\_ : \_\_\_\_  
(Start Time)

\_\_\_\_ : \_\_\_\_  
(Time of First Effect)

\_\_\_\_ : \_\_\_\_  
(End Time/ Next Dose)

### DOSE 2

#### DURATION

\_\_\_\_ : \_\_\_\_  
(Start Time)

\_\_\_\_ : \_\_\_\_  
(Time of First Effect)

\_\_\_\_ : \_\_\_\_  
(End Time/ Next Dose)

## MINDFULLY CHECK-IN W/ YOURSELF

### HOW WOULD YOU RATE YOUR OVERALL FEELING IN THESE AREAS - BEFORE & AFTER?

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		
_____	1	2	3	4	5	6	7	8	9	10
other	low-stress							high-stress		

Would you repeat this experience? yes / no

### OVERALL RATING OF PRODUCT

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

### OVERALL RATING OF EXPERIENCE



ALLOW DRY MOUTH OR EYES TO ALERT YOU THAT YOUR BODY NEEDS WATER.

### CONSIDER WATER INTAKE



HYDRATING BEFORE, DURING, AND AFTER USING CANNABIS WILL HELP RELIEVE SYMPTOMS.