

Date / / Method _____

Product Name _____

Where are you? _____

Who are you with? _____

Time of Dose

Length til Onset

Length of Effects

before

Today I've eaten + drank

after

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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