

Name: _____

Cannabis Dosage Journal

| | Date | Time | Place | Pain level (1-10) | Functionality (1-10) | Amount (Dose) | Route | Time | After dose | | Other Options | Current Activity |
|----|------|------|-------|----------------------|-------------------------|------------------|-------|------|----------------------|-------------------------|---------------|------------------|
| | | | | | | | | | Pain level (1-10) | Functionality (1-10) | | |
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Other Options Available: otc meds, rx meds, hot tubs, etc.
 Time: Either the amount of time passed or a clock time after dose. Please be consistant
 Routes: mg=milligram, sp=smoked puffs, t=tincture (eye dropper), e=edible

