

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)		
1												
2												
3												
4												
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27												

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



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