Consumption Journal

Date: _____

Strain Name: **Dispensary:**

Cultivator: **Quantity:**

☐ Sativa		☐ Indica		☐ Hybrid
THC %		CBD %		
THCA		CBDA		
THCV		CBDV		
CBN		CBG		
CBC		OTHER		

TYPE

☐ Flower ☐ Edible

☐ Topical ☐ Mucosal

☐ Tincture ☐ Concentrate

Other: _____

CONSUMPTION METHOD

☐ Smoked ☐ Ingested

☐ Vaped ☐ Dabbed

☐ Applied ☐ Sublingual

Other: _____

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TERPENE PROFILE			
Myrcene		Linalool	
Limonene		Humulene	
Pinene		Ocimene	
Terpinolene			
beta-Caryophyllene			

Before You Consume

What are your goals for taking cannabis right now?

How are you feeling right now?

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Before You Consume Cont.

Rate how you are feeling overall:

	Low									*High*
Pain	1	2	3	4	5	6	7	8	9	10
Mood	1	2	3	4	5	6	7	8	9	10
Anxiety	1	2	3	4	5	6	7	8	9	10

Record Your Experience

What were the effects that you experienced?

- ☐ **Pain Relief**
- ☐ **Focus**
- ☐ **Euphoric**
- ☐ _____
- ☐ **Relaxation**
- ☐ **Distracted**
- ☐ **Hungry**
- ☐ _____
- ☐ **Lethargy**
- ☐ **Creative**
- ☐ **Headache**
- ☐ _____
- ☐ **Energy**
- ☐ **Motivated**
- ☐ **Dizziness**
- ☐ _____

Describe your experience in the space below.

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Record Your Experience Cont.

Rate how you are feeling overall:

	Low									*High*
Pain	1	2	3	4	5	6	7	8	9	10
Mood	1	2	3	4	5	6	7	8	9	10
Anxiety	1	2	3	4	5	6	7	8	9	10

Would you repeat this experience?

☐ **Yes** ☐ **No**

Notes

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