

CANNABIS EFFECTIVENESS TRACKER

Date _____

Time Taken _____ Onset Time _____ Duration of Effects _____

Product Used _____

How I felt before using the product:

How I felt after using the product:

Date _____

Time Taken _____ Onset Time _____ Duration of Effects _____

Product Used _____

How I felt before using the product:

How I felt after using the product:

Date _____

Time Taken _____ Onset Time _____ Duration of Effects _____

Product Used _____

How I felt before using the product:

How I felt after using the product: