

Daily Rating Scale (evaluation of AM Cannabis = completed in PM)

Week _____

DATE:

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 / /
 / /
 / /
 / /
 / /
 / /

Mood
Relief
Benefit

Mood
Relief
Benefit

Mood
Relief
Benefit

Mood
Relief
Benefit

Mood
Relief
Benefit

Mood
Relief
Benefit

Mood
Relief
Benefit

(Took Cannabis?)

	Mood		Relief		Benefit		Mood		Relief		Benefit		Mood		Relief		Benefit		Mood		Relief		Benefit	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
The best	10																							
	9																							
	8																							
	7																							
	6																							
	5																							
	4																							
	3																							
	2																							
The worst	1																							
Self-Care? (exercise, positivity)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Nutrition/Hydrate?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Type of Cannabis Product: Tincture () Drink () Other ()

Product Details:

Dosage: **Mg CBD** (X.x) ____ : ____ **Mg THC** (X.x)

Notable Pleasant Observations:

Notable Unpleasant Observations:

Daily Rating Scale (evaluation of sleep to be completed the next AM)

Week

DATE Taken in PM:

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 /
 /
 /
 /
 /
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Restful
Interrupted

Helpful

Restful
Interrupted

Helpful

Restful
Interrupted

Helpful

Restful
Interrupted

Helpful

Restful
Interrupted

Helpful

Restful
Interrupted

Helpful

Restful
Interrupted

Helpful

(Took Cannabis?)

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Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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The Best 10

10																	
9																	
8																	
7																	
6																	
5																	
4																	
3																	
2																	
1																	

The Worst

Self-Care?

(peaceful, positivity)

Nutrition/Hydrate?

Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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Type of Cannabis Product: Tincture () Drink () Other ()

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Notable Pleasant Observations:

Notable Unpleasant Observations:

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