

# CANNABIS CONSUMPTION TRACKER JOURNAL



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# CANNABIS CONSUMPTION TRACKER JOURNAL

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## Personal Health History

List diagnosed conditions:

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# of surgeries: \_\_\_\_\_

# of hospitalizations: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

List past medications-list medications you no longer take but were prescribed for a specific condition; list that condition along with the past medication: \_\_\_\_\_

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List mental health diagnosis/mental health conditions:

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Does any of your Grandparents, Parents, or Aunts/Uncles have any of the following conditions:

\_\_\_\_ Psychotic Disorders

\_\_\_\_ Mood Disorders

\_\_\_\_ Schizophrenia

\_\_\_\_ Bipolar Disorder

\_\_\_\_ Major Depressive Disorder

\_\_\_\_ Depression

\_\_\_\_ Alzheimer's Disease

\_\_\_\_ Heart Attack

\_\_\_\_ Irregular Heartbeat

\_\_\_\_ Stroke

### **Cannabis Consumption**

What age did you begin consuming cannabis? \_\_\_\_\_

How long have you been consuming cannabis? \_\_\_\_\_

Do you take breaks from consuming cannabis? \_\_\_\_\_

Do you consume cannabis daily? \_\_\_\_\_

Medical Cannabis Patient: What condition(s) are you treating with cannabis?

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Recreational/Adult-Use: Why do you consume cannabis?

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Which route of administration do you utilize the most or how do you usually consume cannabis?

\_\_\_\_ smoking (flower)

\_\_\_\_ vaping (cartridge)

\_\_\_\_ edibles (solid/liquid)

\_\_\_\_ concentrates

\_\_\_\_ topicals(creams/salve)

\_\_\_\_ tinctures

Are you consuming high potency THC cannabis (27% THC content and higher) every time you consume? \_\_\_\_\_

### **Current Health Status**

What recent events or symptoms lead you to this course/consumption tracker? \_\_\_\_\_

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Check each condition that applies to you:

**Mental Health** (brain, thinking, thought processing, and behavior)

\_\_\_ Psychotic Disorders/Psychosis

\_\_\_ Mood Disorders

\_\_\_ Schizophrenia

\_\_\_ Bipolar Disorder

\_\_\_ Major Depressive Disorder

\_\_\_ Depression

\_\_\_ Anxiety Disorders

\_\_\_ Suicidal Ideation/Thoughts

\_\_\_ Cognitive Impairment/Impaired brain functioning

### **Cardiovascular Health (heart)**

\_\_\_ Heart Disease

\_\_\_ Stroke

\_\_\_ Heart Failure

\_\_\_ Hypertension

### **Pulmonary Health (lungs & respiratory system)**

\_\_\_ Chronic Pulmonary Disease (COPD)

\_\_\_ Chronic Bronchitis

### **Neurological Symptoms (nervous system)**

\_\_\_ memory issues

\_\_\_attention/focus/concentration issues

**Gastrointestinal (stomach)**

\_\_\_nausea \_\_\_vomiting \_\_\_Gastroesophageal Reflux Disease

\_\_\_CHS-Cannabinoid Hyperemesis Syndrome



**DAILY CONSUMPTION LOG**

Date:
Time:

Circle the option that applies:

Purpose of Consumption: MEDICAL | RECREATIONAL

Consumption Method: INHALATION | INGESTION | TOPICAL

Product Type: FLOWER | VAP CARTRIDGE | CONCENTRATES

GUMMIE | CHOCOLATE | CANDY | BEVERAGE | TINCTURE

CREAM | SALVE | OINTMENT

TRANSDERMAL PATCH

OTHER: \_\_\_\_\_

Dose: \_\_\_\_\_ mg | g

CANNABINOIDS: \_\_\_\_\_ % THC \_\_\_\_\_ % CBD OTHER CANNABINOIDS: \_\_\_\_\_

Flower Strand: \_\_\_\_\_

Flower Brand: \_\_\_\_\_

Other Product Types: Name of Product: \_\_\_\_\_

Product Brand: \_\_\_\_\_

STATUS BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION
<p><u>Before consumption, what were you doing/planning to do?</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Rate how you felt before consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed            0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused            0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm            0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain            0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p>	<p><u>List the immediate effects after consumption:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Rate how you felt after consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed            0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused            0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm            0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain            0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Coughing            0 1 2 3 4 5 6 7 8 9 10</p> <p>Spitting            0 1 2 3 4 5 6 7 8 9 10</p> <p>Lung/Throat Irritation            0 1 2 3 4 5 6 7 8 9 10</p> <p>Increased Heart Rate            0 1 2 3 4 5 6 7 8 9 10</p> <p>Lethargy/Tired/Sleepy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>How did you benefit from this consumption? _____</p> <p>_____</p> <p>_____</p> <p>Side effects/concerns:</p> </div>
Notes:	Notes:

### Weekly Consumption Log-Frequency

Week of \_\_\_\_\_

How often did you consume this week?

\_\_\_\_\_ # of days this week

\_\_\_\_\_ # of times per day this week

Write your consumption time for each day this week in the hour that it occurred.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am							
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

Is there a day, time, or day and time that you consume the most? \_\_\_\_\_

If you answered yes to the previous question-is there a reason/schedule for this consumption?

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**Weekly Consumption Log-Potency**

Week of \_\_\_\_\_

How often did you consume products with high potency THC (27)% THC and higher) this week?

\_\_\_\_\_ # of days you consumed high potency THC cannabis this week

\_\_\_\_\_ average # of times you consumed high potency THC cannabis per day this week

Write your consumption time for each day this week in the hour that it occurred.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am							
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

Is there a day, time, or day and time that you consume high potency THC cannabis the most? \_\_\_\_\_

If you answered yes to the previous question-is there a reason/schedule for this high potency THC cannabis consumption?

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## WEEKLY CONSUMPTION REFLECTION

How did your consumption impact you this week?

Did you notice any negative physical, mental, or psychological effects?

What can you do to improve your consumption experience?

FOLLOW THIS LINK TO ASSESS YOUR RISK LEVEL FOR CUD-CANNABIS USE DISORDER

CUDIT-R-THE CANNABIS USE DISORDER IDENTIFICATION TEST-REVISED

<https://wellness.caltech.edu/documents/18162/CUDIT.pdf>

RECORDE YOUR CUDIT-R SCORE HERE \_\_\_\_\_

## The Cannabis Use Disorder Identification Test - Revised (CUDIT-R)

Have you used any cannabis over the past six months? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to the previous question, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the past six months.

### 1. How often do you use cannabis?

Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week
0	1	2	3	4

### 2. How many hours were you "stoned" on a typical day when you had been using cannabis?

Less than 1	1 or 2	3 or 4	5 or 6	7 or more
0	1	2	3	4

### 3. How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

### 4. How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

### 5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

### 6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

### 7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

### 8. Have you ever thought about cutting down, or stopping, your use of cannabis?

Never	Yes, but not in the past 6 months	Yes, during the past 6 months
0	2	4

This questionnaire was designed for self-administration and is scored by adding each of the 8 items:

Question 1-7 are scored on a 0-4 scale

Question 8 is scored 0, 2, or 4

Score: \_\_\_\_\_

Scores of 8 or more indicate hazardous cannabis use, while scores of 12 or more indicate a possible cannabis use disorder for which further intervention may be required.

Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewis TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test - Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143.

## THE CANNABIS USE DISORDER IDENTIFICATION TEST- REVISED (CUDIT-R)

Have you used any cannabis over the past six months? Yes \_\_\_\_\_

If you answered “Yes” to the previous question, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the past six months.

\_\_\_\_\_ Score: Scores of 8 or more indicate hazardous cannabis use, while scores of 12 or more indicate a possible cannabis use disorder for which further intervention may be

1. How often do you use cannabis?				
Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4+ times a week 4
2. How many hours were you “stoned” on a typical day when you had been using cannabis?				
Less than 1 0	1 or 2 1	3 or 4 2	5 or 6 3	7 or more 4
3. How often during the past 6 months did you find that you were not able to stop using cannabis?				
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4
4. How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?				
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?				
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4
6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?				
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4
7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?				
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4
8. Have you ever thought about cutting down, or stopping, your use of cannabis?				
Never 0	Yes, but not in the past 6 months 2		Yes, during the past 6 months 4	

## Consumption Goals (Schedule)

USING THE INFORMATION, YOU RECORDED AND COLLECTED IN THIS JOURNAL AND THE INFORMATION IN THE CANNABIS CONSUMPTION: RISKS AND SAFETY PRACTICES COURSE

MAP OUT THE BEST AND SAFEST CONSUMPTION GOALS FOR YOU ON THIS CALENDER

Include potency and product type- set your schedule by adding the potency and product type on the appropriate days and times.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am							
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

## REFERENCES

- Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143. Retrieved from <https://wellness.caltech.edu/documents/18162/CUDIT.pdf>
- KIP. (2023). Handbook. Knowledge is Power. *Product Use Journal*.



## **APPENDIX**

DAILY CONSUMPTION LOG

WEEKLY CONSUMPTION LOG (FREQUENCY)

WEEKLY CONSUMPTION LOG (POTENCY)

WEEKLY CONSUMPTION REFLECTION

CONSUMPTION GOALS (SCHEDULE)

**DAILY CONSUMPTION LOG**

Date:
Time:

Circle the option that applies:

Purpose of Consumption: MEDICAL | RECREATIONAL

Consumption Method: INHALATION | INGESTION | TOPICAL

Product Type: FLOWER | VAP CARTRIDGE | CONCENTRATES  
 GUMMIE | CHOCOLATE | CANDY | BEVERAGE | TINCTURE  
 CREAM | SALVE | OINTMENT  
 TRANSDERMAL PATCH  
 OTHER: \_\_\_\_\_

Dose: \_\_\_\_\_ mg | g

CANNABINOIDS: \_\_\_\_\_% THC \_\_\_\_\_% CBD OTHER CANNABINOIDS: \_\_\_\_\_

Flower Strand: \_\_\_\_\_ Flower Brand: \_\_\_\_\_

Other Product Types: Name of Product: \_\_\_\_\_ Product Brand: \_\_\_\_\_

STATUS BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION
<p><u>Before consumption, what were you doing/planning to do?</u></p> <p>_____</p> <p>_____</p> <p>Rate how you felt before consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed            0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused            0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm            0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain            0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p>	<p><u>List the immediate effects after consumption:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Rate how you felt after consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed            0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused            0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm            0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain            0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Coughing            0 1 2 3 4 5 6 7 8 9 10</p> <p>Spitting            0 1 2 3 4 5 6 7 8 9 10</p> <p>Lung/Throat Irritation            0 1 2 3 4 5 6 7 8 9 10</p> <p>Increased Heart Rate            0 1 2 3 4 5 6 7 8 9 10</p> <p>Lethargy/Tired/Sleepy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>How did you benefit from this consumption?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Side effects/concerns:</p> </div>
Notes:	Notes:

**DAILY CONSUMPTION LOG**

Date:
Time:

Circle the option that applies:

Purpose of Consumption: MEDICAL | RECREATIONAL

Consumption Method: INHALATION | INGESTION | TOPICAL

Product Type: FLOWER | VAP CARTRIDGE | CONCENTRATES  
 GUMMIE | CHOCOLATE | CANDY | BEVERAGE | TINCTURE  
 CREAM | SALVE | OINTMENT  
 TRANSDERMAL PATCH  
 OTHER: \_\_\_\_\_

Dose: \_\_\_\_\_ mg | g

CANNABINOIDS: \_\_\_\_\_% THC \_\_\_\_\_% CBD OTHER CANNABINOIDS: \_\_\_\_\_

Flower Strand: \_\_\_\_\_

Flower Brand: \_\_\_\_\_

Other Product Types: Name of Product: \_\_\_\_\_

Product Brand: \_\_\_\_\_

STATUS BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION
<p><u>Before consumption, what were you doing/planning to do?</u></p> <p>_____</p> <p>_____</p> <p>Rate how you felt before consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed           0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused           0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm              0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain                0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p>	<p><u>List the immediate effects after consumption:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Rate how you felt after consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed           0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused           0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm              0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain                0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Coughing         0 1 2 3 4 5 6 7 8 9 10</p> <p>Spitting           0 1 2 3 4 5 6 7 8 9 10</p> <p>Lung/Throat Irritation   0 1 2 3 4 5 6 7 8 9 10</p> <p>Increased Heart Rate    0 1 2 3 4 5 6 7 8 9 10</p> <p>Lethargy/Tired/Sleepy   0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>How did you benefit from this consumption?</p> <p>_____</p> <p>_____</p> <p>Side effects/concerns::</p> </div>
Notes:	Notes:

**DAILY CONSUMPTION LOG**

Date:
Time:

Circle the option that applies:

Purpose of Consumption: MEDICAL | RECREATIONAL

Consumption Method: INHALATION | INGESTION | TOPICAL

Product Type: FLOWER | VAP CARTRIDGE | CONCENTRATES

GUMMIE | CHOCOLATE | CANDY | BEVERAGE | TINCTURE

CREAM | SALVE | OINTMENT

TRANSDERMAL PATCH

OTHER: \_\_\_\_\_

Dose: \_\_\_\_\_ mg | g

CANNABINOIDS: \_\_\_\_\_% THC \_\_\_\_\_% CBD OTHER CANNABINOIDS: \_\_\_\_\_

Flower Strand: \_\_\_\_\_

Flower Brand: \_\_\_\_\_

Other Product Types: Name of Product: \_\_\_\_\_

Product Brand: \_\_\_\_\_

STATUS BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION
<p><u>Before consumption, what were you doing/planning to do?</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Rate how you felt before consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed           0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused           0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm              0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain                0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p>	<p><u>List the immediate effects after consumption:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Rate how you felt after consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed           0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused           0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm              0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain                0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Coughing         0 1 2 3 4 5 6 7 8 9 10</p> <p>Spitting           0 1 2 3 4 5 6 7 8 9 10</p> <p>Lung/Throat Irritation    0 1 2 3 4 5 6 7 8 9 10</p> <p>Increased Heart Rate    0 1 2 3 4 5 6 7 8 9 10</p> <p>Lethargy/Tired/Sleepy    0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>How did you benefit from this consumption?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Side effects/concerns:</p> </div>
Notes:	Notes:

**DAILY CONSUMPTION LOG**

Date:
Time:

Circle the option that applies:

Purpose of Consumption: MEDICAL | RECREATIONAL

Consumption Method: INHALATION | INGESTION | TOPICAL

Product Type: FLOWER | VAP CARTRIDGE | CONCENTRATES  
 GUMMIE | CHOCOLATE | CANDY | BEVERAGE | TINCTURE  
 CREAM | SALVE | OINTMENT  
 TRANSDERMAL PATCH  
 OTHER: \_\_\_\_\_

Dose: \_\_\_\_\_ mg | g

CANNABINOIDS: \_\_\_\_\_% THC \_\_\_\_\_% CBD OTHER CANNABINOIDS: \_\_\_\_\_

Flower Strand: \_\_\_\_\_

Flower Brand: \_\_\_\_\_

Other Product Types: Name of Product: \_\_\_\_\_

Product Brand: \_\_\_\_\_

STATUS BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION
<p><u>Before consumption, what were you doing/planning to do?</u></p> <p>_____</p> <p>_____</p> <p>Rate how you felt before consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed           0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused           0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm              0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain                0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p>	<p><u>List the immediate effects after consumption:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Rate how you felt after consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed           0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused           0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm              0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain                0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Coughing         0 1 2 3 4 5 6 7 8 9 10</p> <p>Spitting           0 1 2 3 4 5 6 7 8 9 10</p> <p>Lung/Throat Irritation   0 1 2 3 4 5 6 7 8 9 10</p> <p>Increased Heart Rate    0 1 2 3 4 5 6 7 8 9 10</p> <p>Lethargy/Tired/Sleepy   0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>How did you benefit from this consumption?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Side effects/concerns:</p> </div>
Notes:	Notes:

**DAILY CONSUMPTION LOG**

Date:
Time:

Circle the option that applies:

Purpose of Consumption: MEDICAL | RECREATIONAL

Consumption Method: INHALATION | INGESTION | TOPICAL

Product Type: FLOWER | VAP CARTRIDGE | CONCENTRATES  
 GUMMIE | CHOCOLATE | CANDY | BEVERAGE | TINCTURE  
 CREAM | SALVE | OINTMENT  
 TRANSDERMAL PATCH  
 OTHER: \_\_\_\_\_

Dose: \_\_\_\_\_ mg | g

CANNABINOIDS: \_\_\_\_\_ % THC \_\_\_\_\_ % CBD OTHER CANNABINOIDS: \_\_\_\_\_

Flower Strand: \_\_\_\_\_ Flower Brand: \_\_\_\_\_

Other Product Types: Name of Product: \_\_\_\_\_ Product Brand: \_\_\_\_\_

STATUS BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION
<p><b>Before consumption, what were you doing/planning to do?</b></p> <hr/> <hr/> <p>Rate how you felt before consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed            0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused            0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm            0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain            0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p>	<p><b>List the immediate effects after consumption:</b></p> <hr/> <hr/> <p>Rate how you felt after consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed            0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused            0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm            0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain            0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Coughing            0 1 2 3 4 5 6 7 8 9 10</p> <p>Spitting            0 1 2 3 4 5 6 7 8 9 10</p> <p>Lung/Throat Irritation            0 1 2 3 4 5 6 7 8 9 10</p> <p>Increased Heart Rate            0 1 2 3 4 5 6 7 8 9 10</p> <p>Lethargy/Tired/Sleepy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>How did you benefit from this consumption?</b></p> <hr/> <hr/> <p><b>Side effects/concerns:</b></p> </div>
<p><b>Notes:</b></p>	<p><b>Notes:</b></p>

**DAILY CONSUMPTION LOG**

Date:
Time:

Circle the option that applies:

Purpose of Consumption: MEDICAL | RECREATIONAL

Consumption Method: INHALATION | INGESTION | TOPICAL

Product Type: FLOWER | VAP CARTRIDGE | CONCENTRATES  
 GUMMIE | CHOCOLATE | CANDY | BEVERAGE | TINCTURE  
 CREAM | SALVE | OINTMENT  
 TRANSDERMAL PATCH  
 OTHER: \_\_\_\_\_

Dose: \_\_\_\_\_ mg | g

CANNABINOIDS: \_\_\_\_\_ % THC \_\_\_\_\_ % CBD OTHER CANNABINOIDS: \_\_\_\_\_

Flower Strand: \_\_\_\_\_

Flower Brand: \_\_\_\_\_

Other Product Types: Name of Product: \_\_\_\_\_

Product Brand: \_\_\_\_\_

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<p>Before consumption, what were you doing/planning to do?</p> <hr/> <hr/> <p>Rate how you felt before consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed            0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused            0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm            0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain            0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p>	<p>List the immediate effects after consumption:</p> <hr/> <hr/> <p>Rate how you felt after consumption on a scale of 0-10 by circling the corresponding number:</p> <p>Happy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Relaxed            0 1 2 3 4 5 6 7 8 9 10</p> <p>Focused            0 1 2 3 4 5 6 7 8 9 10</p> <p>Calm            0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain            0 1 2 3 4 5 6 7 8 9 10</p> <p>Nausea            0 1 2 3 4 5 6 7 8 9 10</p> <p>Anxiety            0 1 2 3 4 5 6 7 8 9 10</p> <p>Coughing            0 1 2 3 4 5 6 7 8 9 10</p> <p>Spitting            0 1 2 3 4 5 6 7 8 9 10</p> <p>Lung/Throat Irritation            0 1 2 3 4 5 6 7 8 9 10</p> <p>Increased Heart Rate            0 1 2 3 4 5 6 7 8 9 10</p> <p>Lethargy/Tired/Sleepy            0 1 2 3 4 5 6 7 8 9 10</p> <p>Other _____ 0 1 2 3 4 5 6 7 8 9 10</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>How did you benefit from this consumption?</p> <hr/> <hr/> <p>Side effects/concerns:</p> </div>
Notes:	Notes:

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Date:
Time:

Circle the option that applies:

Purpose of Consumption: MEDICAL | RECREATIONAL

Consumption Method: INHALATION | INGESTION | TOPICAL

Product Type: FLOWER | VAP CARTRIDGE | CONCENTRATES  
 GUMMIE | CHOCOLATE | CANDY | BEVERAGE | TINCTURE  
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 TRANSDERMAL PATCH  
 OTHER: \_\_\_\_\_

Dose: \_\_\_\_\_ mg | g

CANNABINOIDS: \_\_\_\_\_ % THC \_\_\_\_\_ % CBD OTHER CANNABINOIDS: \_\_\_\_\_

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Other Product Types: Name of Product: \_\_\_\_\_ Product Brand: \_\_\_\_\_

STATUS BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION
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<p><b>Notes:</b></p>	<p><b>Notes:</b></p>



### Weekly Consumption Log-Frequency

Week of \_\_\_\_\_

How often did you consume this week?

\_\_\_\_\_ # of days this week

\_\_\_\_\_ # of times per day this week

Write your consumption time for each day this week in the hour that it occurred.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am							
1am							
2am							
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10pm							
11pm							

Is there a day, time, or day and time that you consume the most? \_\_\_\_\_

If you answered yes to the previous question-is there a reason/schedule for this consumption?

---

### Weekly Consumption Log-Frequency

Week of \_\_\_\_\_

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11pm							

Is there a day, time, or day and time that you consume the most? \_\_\_\_\_

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### Weekly Consumption Log-Potency

Week of \_\_\_\_\_

How often did you consume products with high potency THC (27)% THC and higher) this week?

\_\_\_\_\_ # of days you consumed high potency THC cannabis this week

\_\_\_\_\_ average # of times you consumed high potency THC cannabis per day this week

Write your consumption time for each day this week in the hour that it occurred.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am							
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11pm							

Is there a day, time, or day and time that you consume high potency THC cannabis the most? \_\_\_\_\_

If you answered yes to the previous question-is there a reason/schedule for this high potency THC cannabis consumption?

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**Weekly Consumption Log-Potency**

Week of \_\_\_\_\_

How often did you consume products with high potency THC (27)% THC and higher) this week?

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11pm							

Is there a day, time, or day and time that you consume high potency THC cannabis the most? \_\_\_\_\_

If you answered yes to the previous question-is there a reason/schedule for this high potency THC cannabis consumption?

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### Weekly Consumption Log-Potency

Week of \_\_\_\_\_

How often did you consume products with high potency THC (28)% THC and higher) this week?

\_\_\_\_\_ # of days you consumed high potency THC cannabis this week

\_\_\_\_\_ average # of times you consumed high potency THC cannabis per day this week

Write your consumption time for each day this week in the hour that it occurred.

12am	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1am							
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11pm							

Is there a day, time, or day and time that you consume high potency THC cannabis the most? \_\_\_\_\_

If you answered yes to the previous question-is there a reason/schedule for this high potency THC cannabis consumption?

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**Weekly Consumption Log-Potency**

Week of \_\_\_\_\_

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## WEEKLY CONSUMPTION REFLECTION

How did your consumption impact you this week?

Did you notice any negative physical, mental, or psychological effects?

What can you do to improve your consumption experience?

FOLLOW THIS LINK TO ASSESS YOUR RISK LEVEL FOR CUD-CANNABIS USE DISORDER

CUDIT-R-THE CANNABIS USE DISORDER IDENTIFICATION TEST-REVISED

<https://wellness.caltech.edu/documents/18162/CUDIT.pdf>

RECORDE YOUR CUDIT-R SCORE HERE \_\_\_\_\_

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RECORDE YOUR CUDIT-R SCORE HERE \_\_\_\_\_

## Consumption Goals (Schedule)

USING THE INFORMATION YOU RECORDED AND COLLECTED IN THIS JOURNAL AND THE INFORMATION IN THE CANNABIS CONSUMPTION: RISKS AND SAFETY PRACTICES COURSE

MAP OUT THE BEST AND SAFEST CONSUMPTION GOALS FOR YOU ON THIS CALENDER

Include potency and product type- set your schedule by adding the potency, product type, and time in the appropriate box.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am							
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11pm							



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8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

## Consumption Goals (Schedule)

USING THE INFORMATION YOU RECORDED AND COLLECTED IN THIS JOURNAL AND THE INFORMATION IN THE CANNABIS CONSUMPTION: RISKS AND SAFETY PRACTICES COURSE

MAP OUT THE BEST AND SAFEST CONSUMPTION GOALS FOR YOU ON THIS CALENDER

Include potency and product type- set your schedule by adding the potency, product type, and time in the appropriate box.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am							
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
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