CANNABIS CONSUMPTION TRACKER JOURNAL



JASMINE WYNN

UIVERSITY OF MARYLAND

SCHOOL OF PHARMACY

MEDICAL CANNABIS THERAUPUTICS AND SCIENCE

CAPSTONE PROJECT

FEBUARY 2025

CANNABIS CONSUMPTION TRACKER JOURNAL

TABLE OF CONTENTS

- PERSONAL HEALTH HISTORY
- CANNABIS CONSUMPTION
- CURRENT HEALTH STATUS
- DAILY CONSUMPTION LOG
- WEEKLY CONSUMPTION LOG (FREQUENCY)
- WEEKLY CONSUMPTION LOG (POTENCY)
- WEEKLY CONSUMPTION REFLECTION
- CUD-CANNABIS USE DISORDER SELF ASSESMENT

CUDIT-R-THE CANNABIS USE DISORDER IDENTIFICATION TEST

CONSUMPTION GOALS (SCHEDULE)

Personal Health History

List diagnosed conditions:	
# of surgeries:	
# of hospitalizations:	
Allergies:	

List past medications-list medications	you no longer take but were
prescribed for a specific condition; lis	t that condition along with the
past medication:	
List mental health diagnosis/mental h	nealth conditions:
Does any of your Grandparents, Parer	nts, 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 Consump	otion
What age did you begin consuming cannabi	is?
How long have you been consuming cannal	ois?
Do you take breaks from consuming cannab	ois?
Do you consume cannabis daily?	
Medical Cannabis Patient: What condition(s	s) are you treating with
cannabis?	
Recreational/Adult-Use: Why do you consu	me cannabis?

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?					
Check each condition that applies to you:					
Mental Health (brain, thinking, thought pro	ocessing, and behavior)				

Psychotic Disorders/Psyc	chosis	Mood Disorders
Schizophrenia		Bipolar Disorder
Major Depressive Disord	er	Depression
Anxiety Disorders		
Suicidal Ideation/Though	nts	
Cognitive Impairment/In	npaired brain f	unctioning
Cardiovascular Health (heart)	
Heart Disease	Stroke	е
Heart Failure	Нуре	rtension
Pulmonary Health (lungs & re	espiratory syste	em)
Chronic Pulmonary Disea	ase (COPD)	
Chronic Bronchitis		
Neurological Symptoms (ner	vous system)	
memory issues		

attention/focus/concentration issues
Gastrointestinal (stomach)
nauseavomitingGastroesophageal Reflux Disease
CHS-Cannabinoid Hyperemesis Syndrome

	DAILY CO	NSUMPTION LOG			
Date: Time:					
	Circle the o	option that applies:			
Purpose of Consumption	: MEDICAL RECREATIONAL				
Consumption Method:	INHALATION INGESTION TOPICAL				
Product Type:	pe: FLOWER VAP CARTRIDGE CONCENTRATES				
GUMMIE CHOCOLATE CANDY BEVERAGE TINCTURE					
CREAM SALVE OINTMENT					
	TRANSDERMAL PATCH				
	OTHER:				
Dose:mg g					
CANNABINOIDS:%	THC% CBD OTHER CANNABING	DIDS:			
Flower Strand:		Flower Brand:			
Other Product Types: Nar	me of Product:	Product Brand:			
STATUS E	BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION			
Defere consumption wh	not ware you doing /planning to do?	List the immediate effects after consumptions			

	STATUS BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION		
Before consu	mption, what were you doing/planning to do?	List the imr	nediate effects after (consumption:
Happy Relaxed Focused Calm Pain Nausea Anxiety	ou felt before consumption on a scale of 0-10 by circling the corresponding number: 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10	Happy Relaxed Focused Calm Pain Nausea Anxiety Coughing Spitting Lung/Throat Irritation Increased Heart Rate Lethargy/Tired/ Sleepy	correspondin 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	How did you benefit from this consumption? Side effects/concerns:
notes:		MOLES.		

		W	eekly Consump	tion Log-Frequen	су		
of							
ften did you	consume this v	veek?					
f of days thi	s week						
	er day this week	,					
roi times pi	•						
	Write yo	our consumption	n time for each	day this week in th	ne hour that it o	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							
TOPIII							

each day this we	ek in the hour that		Saturday
each day this we	ek in the hour that		Saturday
			Saturday
ay Wednes	day Thursday	Friday	Saturday
dy Wedne.	day maisaay	Triday	Sataraay

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 Disorde	r Identificatio	on Test - Rev	ised (CUDIT-R		
Have you used any c			Yes	No		
If you answered "Yes" use. Circle the respon						
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		
•	-	n a typical day when				
Less than 1	1 or 2	3 or 4	5 or 6	7 or more		
0	1	2 lid you find that you	3	4		
once you had starte		iid you find that you	were not able to sto	p using cannabis		
Never 0		Monthly 2	Weekly 3	Daily/almost daily 4		
4. How often during because of using ca		iid you fail to do wha	t was normally exp			
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 car						
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4		
6. How often in the using cannabis?	past 6 months have y	you had a problem w	ith your memory o	concentration after		
Never 0	Less than monthly	Monthly 2	Weekly 3	Daily or 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 the	ought about cutting	down, or stopping, y	our use of cannabis	?		
Never 0	Yes, b	ut not in the past 6 mi 2	onths Yes, during	g the past 6 months 4		
This questionnaire wa	s designed for self-ad	ministration and is sco	red by adding each	of the 8 items:		
		n 1-7 are scored on a 0 estion 8 is scored 0,2, o				

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.

Score: ____

Adamson SJ, Kay-Lambkin FJ, Baker AL, Levin TJ, Thornton L, Helly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Missos: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). Drug and Airshal Dependence 116:137-143.

THE CANNABIS USE DISORDER IDENTIDICATION 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 off	ten 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 ma	any hours were you "stoned" o	n a typical day when you had b	een using cannabis?	
Less than 1	1 or 2	3 or 4	5 or 6	7 or more
0	1	2	3	4
3. How off	ten during the past 6 months d	id you find that you were not a	ble to stop using cannabis?	
Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4
4. How of	ten during the past 6 months d	id you fail to do what was norm	nally expected from you beca	use of using cannabis?
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4
5. How off	ten in the past 6 months have y	ou devoted a great deal of you	r time to getting, using, or re	covering from cannabis?
Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4
6. How of	ten in the past 6 months have y	ou had a problem with your m	emory or concentration after	using cannabis?
Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4
7. How off	ten do you use cannabis in situa	ations that could be physically l	hazardous, such as driving, op	perating machinery, or caring
for child	dren?			
Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4
8. Have yo	ou ever thought about cutting o	lown, or stopping, your use of c	cannabis?	
Never	Yes, but not in the past 6 mo	nths	Yes, during the past 6 mont	ths
0	2		4	

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 (SCHEDUDLE)

	DAILY CO	NSUMPTION LOG			
Date: Time:					
	Circle the o	option that applies:			
Purpose of Consumption	: MEDICAL RECREATIONAL				
Consumption Method: INHALATION INGESTION TOPICAL					
Product Type:	FLOWER VAP CARTRIDGE CONCENTRA	ATES			
	GUMMIE CHOCOLATE CANDY BEVERAGE TINCTURE				
CREAM SALVE OINTMENT					
	TRANSDERMAL PATCH				
	OTHER:				
Dose:mg g					
CANNABINOIDS:%	STHC% CBD OTHER CANNABING	DIDS:			
Flower Strand:		Flower Brand:			
Other Product Types: Nai	me of Product:	Product Brand:			
STATUS E	BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION			
Before consumption, wl	hat were you doing/planning to do?	List the immediate effects after consumption:			
	ore consumption on a scale of 0-10 by				
	e corresponding number: 1 2 3 4 5 6 7 8 9 10	Rate how you felt after consumption of corresponding			
Relaxed 0.2	1 2 3 4 5 6 7 8 9 10	Happy 01 2 3 4 5 6 7 8 9 10	How did you benefit from		
Focused 0.1	1 2 3 4 5 6 7 8 9 10	Relaxed 01 2 3 4 5 6 7 8 9 10 Focused 01 2 3 4 5 6 7 8 9 10	this consumption?		
	·				

арру	ircling the corresponding number: 0 1 2 3 4 5 6 7 8 9 10	Rate how y	you felt after consumption o corresponding	on a scale of 0-10 by circling the number:
Relaxed	01 2 3 4 5 6 7 8 9 10	Happy Relaxed	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	How did you benefit from this consumption?
Calm	01 2 3 4 5 6 7 8 9 10	Focused Calm Pain	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	
Pain	012345678910	Nausea Anxiety	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	Side effects/concerns:
Nausea	012345678910	Coughing	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	
Anxiety Other	01 2 3 4 5 6 7 8 9 10	Lung/Throat Irritation	01 2 3 4 5 6 7 8 9 10	
		Increased Heart Rate	012345678910	
		Lethargy/Tired/ Sleepy	01 2 3 4 5 6 7 8 9 10	
Notes:		Other Notes:	01 2 3 4 5 6 7 8 9 10	

	DAILY CO	ISUMPTION LOG			
Date: Time:					
	Circle the	ption that applies:			
Purpose of Con	sumption: MEDICAL RECREATIONAL				
Consumption M	1ethod: INHALATION INGESTION TOPICAL				
Product Type:	ype: FLOWER VAP CARTRIDGE CONCENTRATES				
GUMMIE CHOCOLATE CANDY BEVERAGE TINCTURE					
CREAM SALVE OINTMENT					
	TRANSDERMAL PATCH				
	OTHER:				
Dose:mg					
	S:% THC% CBD OTHER CANNABIN	IDS:			
		Flower Brand:			
Jther Product 1	Types: Name of Product:	Product Brand:			
	STATUS BEFORE CONSUMPTION	STATUS AFTER CONSU	MPTION		
Before consun	nption, what were you doing/planning to do?	List the immediate effects after consur	mption:		
-	u felt before consumption on a scale of 0-10 by				
Нарру	circling the corresponding number: 0 1 2 3 4 5 6 7 8 9 10	Rate how you felt after consumption on a so corresponding numb	, .		
Relaxed	012345678910		w did you benefit from		
Focused	012345678910	Relaxed 01 2 3 4 5 6 7 8 9 10 this	s consumption?		
		Calm 01 2 3 4 5 6 7 8 9 10			
Calm	012345678910	Pain 01 2 3 4 5 6 7 8 9 10			
Pain	012345678910	Nausea 01 2 3 4 5 6 7 8 9 10 Side Anxiety 01 2 3 4 5 6 7 8 9 10	e effects/concerns::		
Nausea	012345678910	Coughing 012345678910			
Anxiety	012345678910	Spitting 0 1 2 3 4 5 6 7 8 9 10			
Other_	01 2 3 4 5 6 7 8 9 10	Lung/Throat 01 2 3 4 5 6 7 8 9 10 Irritation			
		Increased 0 1 2 3 4 5 6 7 8 9 10 Heart Rate			
		Lethargy/Tired/ 0 1 2 3 4 5 6 7 8 9 10 Sleepy			
		Other 01 2 3 4 5 6 7 8 9 10			

Notes:

Notes:

	DAILY CO	NSUMPTION LOG		
Date: Time:				
	Circle the c	pption that applies:		
Purpose of Consumption:	MEDICAL RECREATIONAL			
Consumption Method:	INHALATION INGESTION TOPICAL			
Product Type:	FLOWER VAP CARTRIDGE CONCENTRATES			
	GUMMIE CHOCOLATE CANDY BEVER	AGE TINCTURE		
	CREAM SALVE OINTMENT			
	TRANSDERMAL PATCH			
	OTHER:	·		
Dose:mg g				
CANNABINOIDS:%	THC% CBD OTHER CANNABING	DIDS:		
Flower Strand:		Flower Brand:		
Other Product Types: Nan	ne of Product:	Product Brand:		
STATUS B	EFORE CONSUMPTION	STATUS AFTER CONSUMPTION		

	STATUS BEFORE CONSUMPTION		STATUS AFTER CO	ONSUMPTION
Before consu	mption, what were you doing/planning to do?	List the imm	nediate effects after c	consumption:
•	ou felt before consumption on a scale of 0-10 b circling the corresponding number: 01 2 3 4 5 6 7 8 9 10	·	you felt after consumption corresponding	on a scale of 0-10 by circling the g number:
Relaxed	012345678910	Happy Relaxed	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	How did you benefit from this consumption?
Focused	012345678910	Focused	012345678910	
Calm	012345678910	Calm Pain	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	
Pain	012345678910	Nausea	012345678910	Side effects/concerns:
Nausea	012345678910	Anxiety Coughing	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	Side effects/concerns.
Anxiety	012345678910	Spitting	012345678910	
Other	012345678910	Lung/Throat Irritation	012345678910	
		Increased Heart Rate	012345678910	
		Lethargy/Tired/ Sleepy	012345678910	
		Other	01 2 3 4 5 6 7 8 9 10	
Notes:		Notes:		

	DAILY CO	NSUMPTION	LOG	
Date: Time:				
	Circle the	option that ap	oplies:	
Purpose of Cons	sumption: MEDICAL RECREATIONAL			
Consumption M	lethod: INHALATION INGESTION TOPICAL			
Product Type:	FLOWER VAP CARTRIDGE CONCENTF	ATES		
	GUMMIE CHOCOLATE CANDY BEVER	RAGE TINCTU	RE	
	CREAM SALVE OINTMENT			
	TRANSDERMAL PATCH			
	OTHER:			
Dose:mg				
	:% THC% CBD OTHER CANNABIN	nins.		
			Brand:	
Other Product 1	ypes: Name of Product:	Produc	ct Brand:	
	STATUS BEFORE CONSUMPTION		STATUS AFTER CO	ONSUMPTION
Before consum	nption, what were you doing/planning to do?	List the imm	nediate effects after o	consumption:
-	felt before consumption on a scale of 0-10 by			
Нарру	circling the corresponding number: 0 1 2 3 4 5 6 7 8 9 10	Rate how	you felt after consumption correspondin	on a scale of 0-10 by circling the g number:
Relaxed	012345678910	Happy Relaxed	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	How did you benefit from this consumption?
Focused	012345678910	Focused	012345678910	- Consumption:
Calm	012345678910	Calm	012345678910	
		Pain Nausea	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	
Pain	012345678910	Anxiety	01 2 3 4 5 6 7 8 9 10	Side effects/concerns:
Nausea	012345678910	Coughing	012345678910	
Anxiety	012345678910	Spitting	01 2 3 4 5 6 7 8 9 10	
Other	01 2 3 4 5 6 7 8 9 10	Lung/Throat Irritation	01 2 3 4 5 6 7 8 9 10	
		Increased Heart Rate	012345678910	
		Lethargy/Tired/ Sleepy	012345678910	

___ 01 2 3 4 5 6 7 8 9 10

Other___

Notes:

Notes:

	DAILY CO	NSUMPTION LOG	
Date: Time:			
	Circle the o	option that applies:	
Purpose of Consumption:	: MEDICAL RECREATIONAL		
Consumption Method:	INHALATION INGESTION TOPICAL		
Product Type:	FLOWER VAP CARTRIDGE CONCENTRA	ATES	
	GUMMIE CHOCOLATE CANDY BEVER	AGE TINCTURE	
	CREAM SALVE OINTMENT		
	TRANSDERMAL PATCH		
	OTHER:		
Dose:mg g			
CANNABINOIDS:%	THC% CBD OTHER CANNABING	DIDS:	
Flower Strand:		Flower Brand:	
Other Product Types: Nar	me of Product:	Product Brand:	
STATUS E	BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION	

	STATUS BEFORE CONSUMPTION		STATUS AFTER CO	ONSUMPTION
Before consur	mption, what were you doing/planning to do?	List the imn	nediate effects after o	consumption:
•	ou felt before consumption on a scale of 0-10 by circling the corresponding number: 0 1 2 3 4 5 6 7 8 9 10	Rate how	you felt after consumption correspondin	n on a scale of 0-10 by circling the g number:
Relaxed	012345678910	Happy Relaxed	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	How did you benefit from this consumption?
Focused	012345678910	Focused	012345678910	
Calm	012345678910	Calm Pain	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	
Pain	012345678910	Nausea	012345678910	Side effects/concerns:
Nausea	012345678910	Anxiety Coughing	012345678910	
Anxiety	012345678910	Spitting	012345678910	
Other	01 2 3 4 5 6 7 8 9 10	Lung/Throat Irritation	01 2 3 4 5 6 7 8 9 10	
		Increased Heart Rate	012345678910	
		Lethargy/Tired/ Sleepy	012345678910	
		Other	012345678910	
Notes:		Notes:		

	DAILY COI	NSUMPTION LOG	
Date: Time:			
	Circle the o	ption that applies:	
Purpose of Consumption:	MEDICAL RECREATIONAL		
Consumption Method:	INHALATION INGESTION TOPICAL		
Product Type:	FLOWER VAP CARTRIDGE CONCENTRATES		
	GUMMIE CHOCOLATE CANDY BEVERA	AGE TINCTURE	
	CREAM SALVE OINTMENT		
	TRANSDERMAL PATCH		
	OTHER:		
Dose:mg g			
CANNABINOIDS:%	THC% CBD OTHER CANNABINO	IDS:	
Flower Strand:		Flower Brand:	
Other Product Types: Nar	ne of Product:	Product Brand:	
STATUS B	EFORE CONSUMPTION	STATUS AFTER CONSUMPTION	

	STATUS BEFORE CONSUMPTION		STATUS AFTER CO	ONSUMPTION
Before consu	mption, what were you doing/planning to do?	List the imm	nediate effects after c	onsumption:
•	ou felt before consumption on a scale of 0-10 by circling the corresponding number: 0 1 2 3 4 5 6 7 8 9 10	Rate how y	you felt after consumption corresponding	on a scale of 0-10 by circling the grumber:
Relaxed	012345678910	Happy Relaxed	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	How did you benefit from this consumption?
Focused	012345678910	Focused	012345678910	
Calm	012345678910	Calm Pain	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	
Pain	012345678910	Nausea	012345678910	Side effects/concerns:
Nausea	012345678910	Anxiety Coughing	0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10	
Anxiety	012345678910	Spitting	012345678910	
Other	01 2 3 4 5 6 7 8 9 10	Lung/Throat Irritation	01 2 3 4 5 6 7 8 9 10	
		Increased Heart Rate	012345678910	
		Lethargy/Tired/ Sleepy	012345678910	
		Other	012345678910	
Notes:		Notes:		

	DAILY COI	NSUMPTION LOG
Date: Time:		
	Circle the c	option that applies:
Purpose of Consumption:	MEDICAL RECREATIONAL	
Consumption Method:	INHALATION INGESTION TOPICAL	
Product Type:	FLOWER VAP CARTRIDGE CONCENTRA	ATES
	GUMMIE CHOCOLATE CANDY BEVER	AGE TINCTURE
	CREAM SALVE OINTMENT	
	TRANSDERMAL PATCH	
	OTHER:	
Dose:mg g		
CANNABINOIDS:%	THC% CBD OTHER CANNABINC	DIDS:
Flower Strand:		Flower Brand:
Other Product Types: Nar	me of Product:	Product Brand:
STATUS E	BEFORE CONSUMPTION	STATUS AFTER CONSUMPTION
Defere consumption wh	not were you doing /planning to do?	List the immediate effects after consumptions

ther Product	Types: Name of Product:	Produ	ct Brand:	
	STATUS BEFORE CONSUMPTION		STATUS AFTER C	ONSUMPTION
Before consun	mption, what were you doing/planning to do?	List the imr	mediate effects after o	consumption:
•	u felt before consumption on a scale of 0-10 by circling the corresponding number: 0 1 2 3 4 5 6 7 8 9 10	Rate how	you felt after consumption correspondin	n on a scale of 0-10 by circling the g number:
Relaxed	012345678910	Happy Relaxed	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	How did you benefit from this consumption?
Focused	012345678910	Focused	012345678910	
Calm	012345678910	Calm Pain	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	
Pain	012345678910	Nausea	012345678910	Side effects/concerns:
Nausea	012345678910	Anxiety Coughing	01 2 3 4 5 6 7 8 9 10 01 2 3 4 5 6 7 8 9 10	
Anxiety	012345678910	Spitting	012345678910	
Other	01 2 3 4 5 6 7 8 9 10	Lung/Throat Irritation	01 2 3 4 5 6 7 8 9 10	
		Increased Heart Rate	012345678910	
		Lethargy/Tired/ Sleepy	012345678910	
		Other	012345678910	
Notes:		Notes:		

12am 1am	r day this week		n time for each	day this week in th	ne hour that it c	occurred	
12am 1am	Write yo	our consumption	n time for each	day this week in th	ne hour that it o	occurred	
12am 1am	Write yo	our consumption	n time for each	day this week in th	ne hour that it o	occurred	
1am			n time for each	day this week in th	ne hour that it c	ccurrod	
1am	Sunday	Monday				ccurreu.	
1am		ivioriuay	Tuesday	Wednesday	Thursday	Friday	Saturday
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm 11pm		i					

							
ten did you	consume this v	veek?					
of days thi	s week						
t of times n	er day this week	•					
r or times po			.	da caleta coa alcta al			
				day this week in th			
40	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							
6pm 7pm							
6pm 7pm 8pm							
6pm 7pm 8pm 9pm 10pm							

- f			•	otion Log-Frequen			
)[
iten did you	consume this v	veek?					
of days thi	s week						
f of times pe	er day this week	(
·			n time for each	day this week in th	ne hour that it o	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							
ттрііі							
11pm	e, or day and tin	ne that you cons	sume the most?)			
ıswered ye	es to the previou	us question-is th	nere a reason/so	chedule for this co	nsumption?		

							
ften did you	consume this v	veek?					
f of days this	s week						
t of times ne	er day this week	•					
r or times pe	i day tins week	•					
	Write yo	our consumption	n time for each	day this week in th	ne hour that it o	occurred.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am	Suriday	ivioliday	racsaay	veanesday	indisday	Triday	Saturday
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
9nm							
8pm							
9pm							

ften did voi	i consume prod	lucts with high i	notency THC (2)	7)% THC and highe	er) this week?		
					.,		
# of days yo	u consumed hi	gh potency THC	cannabis this w	reek			
average # o	f times you con	sumed high pot	ency THC canna	bis per day this w	eek		
J							
	Write yo	our consumption	n time for each	day this week in th	e hour that it o	occurred.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am	Jamaay	- memacy	·········	11001100004		11100,	Julian
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
e a day, tim	e, or day and ti	me that you cor	nsume high pote	ency THC cannabis	the most?		
					-l T11	0	· · · · · · · · · · · · · · · · ·
answered y	es to the previo	ius question-is t	nere a reasonys	chedule for this hi	gn potency in	cannabis coi	nsumptions

		gh potency THC					
_average # of	times you con	sumed high pot	ency THC canna	abis per day this w	eek		
	Write yo	our consumption	n time for each	day this week in th	ne hour that it o	occurred.	
	T					•	Catanadan
12am	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am							
2am							
3am							
4am			1				
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm	1			ency THC cannabis	1		

		·	teemy consum	ption Log-Potenc	,		
of							
often did yo	u consume prod	ducts with high	ootency THC (27	7)% THC and high	er) this week?		
_# of days yo	ou consumed hi	gh potency THC	cannabis this w	veek .			
average # c	of times you con	sumed high not	ency THC canna	abis per day this w	reek		
_average // c	inies you con	Julieu mgn pot	chey the came	abis per day tills w	CCK		
	Write yo	our consumption	n time for each	day this week in th	ne hour that it o	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							
re a day, tim	ne, or day and ti	me that you cor	sume high pote	ency THC cannabis	the most?		
٠							
answered y	es to the previo	ous question-is t	here a reason/s	schedule for this h	igh potency TH	C cannabis co	rsumption?

# of days yo	ou consumed hi	gh potency THC	cannahis this w	<i>r</i> eek			
n or adys ye	ou consumed m	Bir potency Trie	carriabis triis w	reek			
average # o	f times you con	sumed high pot	ency THC canna	abis per day this w	eek		
	Write yo	our consumption	n time for each	day this week in th	ne hour that it o	occurred.	
12am	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
e a day, tim	ie, or day and ti	me that you cor	isume high pote	ency THC cannabis	the most?		
answordd y	os to the provie	us augstion is t	horo a roacon/c	schedule for this h	igh notoncy TU	C cannahic co	acumption?
answered y	es to the previo	ous question-is t	nere a reasonys	scriedule for tills fil	igh potency in	c carriabis coi	isumption:

# of days you c	onsume proc consumed hip mes you con	lucts with high potency THC	cannabis this w	abis per day this w day this week in th	eek	occurred.	
# of days you caverage # of ting 12am 12am 2am 3am 4am	onsumed hip mes you con Write yo	gh potency THC sumed high potour consumption	cannabis this wency THC cannot time for each	veek abis per day this w day this week in th	eek	occurred.	
average # of tire 12am 1am 2am 3am 4am	mes you con Write yo	sumed high pot our consumption	ency THC canna	abis per day this w day this week in th		occurred.	
12am 1am 2am 3am 4am	Write yo	our consumption	n time for each	day this week in th		occurred.	
12am 1am 2am 3am 4am	Write yo	our consumption	n time for each	day this week in th		occurred.	
1am 2am 3am 4am		·		· 	ne hour that it o	occurred.	
1am 2am 3am 4am	Sunday	Monday	Tuesday	1			
1am 2am 3am 4am	•	,		Wednesday	Thursday	Friday	Saturday
3am 4am		1	•	,	,		
4am							
5am							
Jaiii							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
	or day and ti	me that you cor	sume high pote	ency THC cannabis	the most?		

fton did you	concumo proc	lucts with high r	notonov THC (29	3)% THC and highe	or) this wook?		
inten did you	consume proc	iucis with high þ	ociency inc (26	5/% THE and high	er) uns week!		
# of days you	ı consumed hi	gh potency THC	cannabis this w	reek			
average # of	times you con	sumed high not	ency THC canno	abis per day this w	ook		
average # Or	times you con	sumeu mgn pot	ency fric canno	ibis per day tilis w	CCK		
	Write yo	our consumption	time for each	day this week in th	ne hour that it c	occurred.	
		T.,	T	1,,, ,	T	1 =	
121	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am1am							
2am 3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
e a day, time	, or day and ti	me that you cor	isume high pote	ency THC cannabis	the most?		
answered ve	s to the previo	us auestion-is t	hara a raasan/s	chedule for this hi	gh notency TH(Cannahis co	nsumntion?
answered ye	3 to the previo	us question-is t	ilete a reasonys	chedule for this in	gn potency m	carriabis coi	isumption:

of							
often did yo	ou consume prod	ducts with high	ootency THC (28	3)% THC and highe	er) this week?		
_# of days y	ou consumed hi	gh potency THC	cannabis this w	veek .			
					ı		
_average # o	of times you con	sumed high pot	ency THC canno	abis per day this w	eek		
	Write yo	our consumption	n time for each	day this week in th	ne hour that it o	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							
	ne, or day and ti	me that you cor	sume high pot	ency THC cannabis	the most?		
						_	
answered	yes to the previo	ous question-is t	here a reason/s	schedule for this hi	igh potency TH	C cannabis co	nsumption?

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

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

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

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

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

	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							

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

	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							

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

	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							

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

	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							