Date: Rating: /5 Favourite ☐

PRODUCT INFO

VARIETAL _____

BRAND _____

Category
- ☐ Go
- ☐ Rise
- ☐ Equalize
- ☐ Ease
- ☐ Pause

Species
- ☐ Indica dominant
- ☐ Indica leaning
- ☐ Sativa dominant
- ☐ Sativa leaning
- ☐ CBD dominant

Sensation
- ☐ Mind
- ☐ Body
- ☐ Mind & Body
- ☐ None

Strength

1 2 3

THC _____ *(%, ml, mg, etc.)*

CBD _____ *(%, ml, mg, etc.)*

Terpene Notes

_____

(Primary flavour and aroma)

SESSION INFO

Form
- ☐ Rolled
- ☐ Pipe
- ☐ Vape *(Temp)* _____
- ☐ Bong
- ☐ Spray
- ☐ Oil
- ☐ Capsule
- ☐ Other _____

Dosage

_____

(1 drop at 10mg, 1 joint)

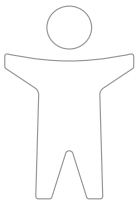
How long before you felt it?

_____

How long did the feeling last?

_____

Where did you feel it most?



Describe your experience

Mild Moderate Intense

Where were you and what were you doing?

_____

_____

Add thoughts and impressions tied to the session, including unexpected effects, contextual details (where were you, and what were you doing) and other thoughts and feelings.