## Cannabis Medicine Tracking Log

DATE	TIME	MEDICATION AND DOSE	EFFECT (circle one)	SYMPTOM	NOTES	SCALE * (0 – 10 )
			None / Minimal / Good / Adverse			
			None / Minimal / Good / Adverse			
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## \*USE THE CHART BELOW TO IDENTIFY YOUR PAIN LEVEL:

Pain Description (or Substitute Other Condition)				
NO PAIN - I have no Pain				
MINIMAL - My pain is hardly noticeable	1			
MILD - Low level of pain. I am aware of pain only when I pay attention to it	2			
<u>UNCOMFORTABLE</u> - My pain bothers me but I ignore it most of the time	3			
<u>MODERATE</u> - I am constantly aware of my pain but I can continue most activities	4			
<u>DISTRACTING</u> - I think about my pain most of the time. I cannot do some of the activities that I need to each day	5			
<u>DISTRESSING</u> - I think about my pain all the time. I give up many activities because of my pain	6			
<u>UNMANAGEABLE</u> - I am in pain all of the time. It keeps me from doing most of my activities	7			
<u>INTENSE</u> - My pain is so severe that it is hard to think of anything else. Talking and listening is difficult	8			
<u>SEVERE</u> - My pain is all I can think about. I can barely talk or move because of my pain	9			
<u>UNABLE TO MOVE</u> - I am in bed and cannot move because of my pain. I need someone to take me to the ER to get help for my pain	10			

<u>To track other conditions besides pain,</u> <u>refer to the following examples:</u>

Anxiety (0 No Anxiety to 10 Worst Anxiety)

Mood (0 No Issues/Best Mood to 10 Lowest Mood)

Energy (0 No Issues/Most Energy to 10 Least Energy)

Sleep (0 No Issues/Best Sleep to 10 Worst Sleep)

Memory (0 No Issues/Best Memory to 10 Worst)

Blood Pressure (List Actual Reading instead of 0 to 10 scale)

Glucose (List Actual Reading instead of 0 to 10 scale)