Cannabis Extract Therapy Self-Monitoring Sheet

- **Name/Number**:
- **Age**:
- **Weight**:
- **Diagnosis/es**:
- **Drug Characteristics**:
- **Method of Administration**:
- **Cannabinoid Genetics/Ratio**:
- **Months/Years**

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Dose (in milligrams)														
Potency (from 1 to 5)														
Duration of effect														
No. of involuntary movements														
Duration of involuntary														
Lesion/Tumour size														
Appetite: a) Increased b) Unchanged c) Reduced														
Muscle relaxation: a) Increased b) Unchanged c) Reduced														
Anxiety: a) Increased b) Unchanged c) Reduced														
Allergic reaction: a) Increased b) Unchanged c) Reduced														
Inflammation: a) Increased b) Unchanged c) Reduced														
Emotional state: a) Increased b) Unchanged c) Reduced														
Pain: a) Increased b) Unchanged c) Reduced														
Quality of sleep: a) Increased b) Unchanged c) Reduced														