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**STRAIN INFORMATION**

DATE AND TIME                      AMOUNT                      METHOD OF USE                      CHEMOVAR / CANNABINOIDS

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**REASON FOR USE / SYMPTOMS**

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**EFFICACY**

	BEFORE USE										AFTER USE									
PAIN	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
SLEEP	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
APPETITE	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
NAUSEA	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
MOOD	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
QUALITY OF LIFE	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
OTHER	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

**ISSUES / SIDE EFFECTS**

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**NOTES**

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