



DAILY CANNABINOID TRACKER

ABOUT MY SERVING

DATE: _____

TIME: _____ am pm

PRODUCT NAME:

CONSUMPTION METHOD:

- Tincture
 Oral Spray
 Topical
 Vape
 Other: _____

SERVINGS AMOUNT:

Note size or volume of servings used (e.g. 1mL = 1 Dropper, 3 Sprays).

CONCENTRATION:

Note amount of cannabinoids in your serving(s). This may take some math (e.g. 1 Spray = 6.25mg CBD, 1.25mg CBN, and 1mg THC).

CBD _____ mg

THC _____ mg

CBG _____ mg

CBN _____ mg

Other _____ mg

Consult with your physician if you are on any prescription medications before using cannabinoid products. This template is intended for informational purposes only and is not medical advice.

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SERVING EXPERIENCE

DAY #: _____

Wellness Goals.

What issues and goals are you aiming to support and track progress on?

Before.

How are you feeling prior to use? This can include your present state of body & mind or any other aspects you'd like to note.

Check-In.

After 30-60 minutes, take a pause to observe how your system is reacting. Do you notice any effects? How long did it take to feel their onset? Continue to monitor over the next few hours.

Afterthoughts.

Reflect on the overall experience after use. Did you experience any positive or negative effects? How long did they last? Any notes for increasing or decreasing the amount of future servings? Any adjustments in timing or frequency of use?

Notes.

HOW DO I FEEL AFTER TAKING MY SERVING?

Worse

No Change

Better

