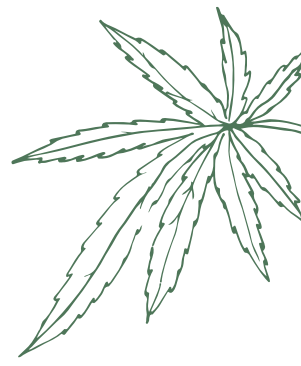

CBD Wellness Tracker



Date :

Time :

a.m. p.m.

Product :

Strength :

Dose(s) Taken :

Symptoms & Effects

Before :

Describe how you were feeling before taking the product. Note any symptoms and their severity.

After :

Describe how you felt after taking the product. What was your experience like? Note any effects.

