

Patient Dosing Diary



Cannabis for medical purposes isn't a one-size-fits-all treatment. Keeping a written record of the effects of your medical cannabis therapy helps you and your healthcare professional track the efficacy of different cannabis products.

As you pinpoint which cannabis products manage your symptoms best, you will gain confidence in your ability to choose and dose the medicine that is right for you.



Medical Cannabis

The Spectrum™ is a simple colour-coding system designed to help you and your healthcare professional select the right medical cannabis product for you. Each colour represents a category of products according to their ratio of THC and CBD. Depending on your needs, you may wish to take a product containing THC, CBD, or a mixture of both.

Using The Spectrum



Red products are THC dominant



Blue products contain a balance of THC and CBD



Yellow products are CBD dominant

Our dedicated support team for patients is available to answer any questions you have.



1-855-558-9333

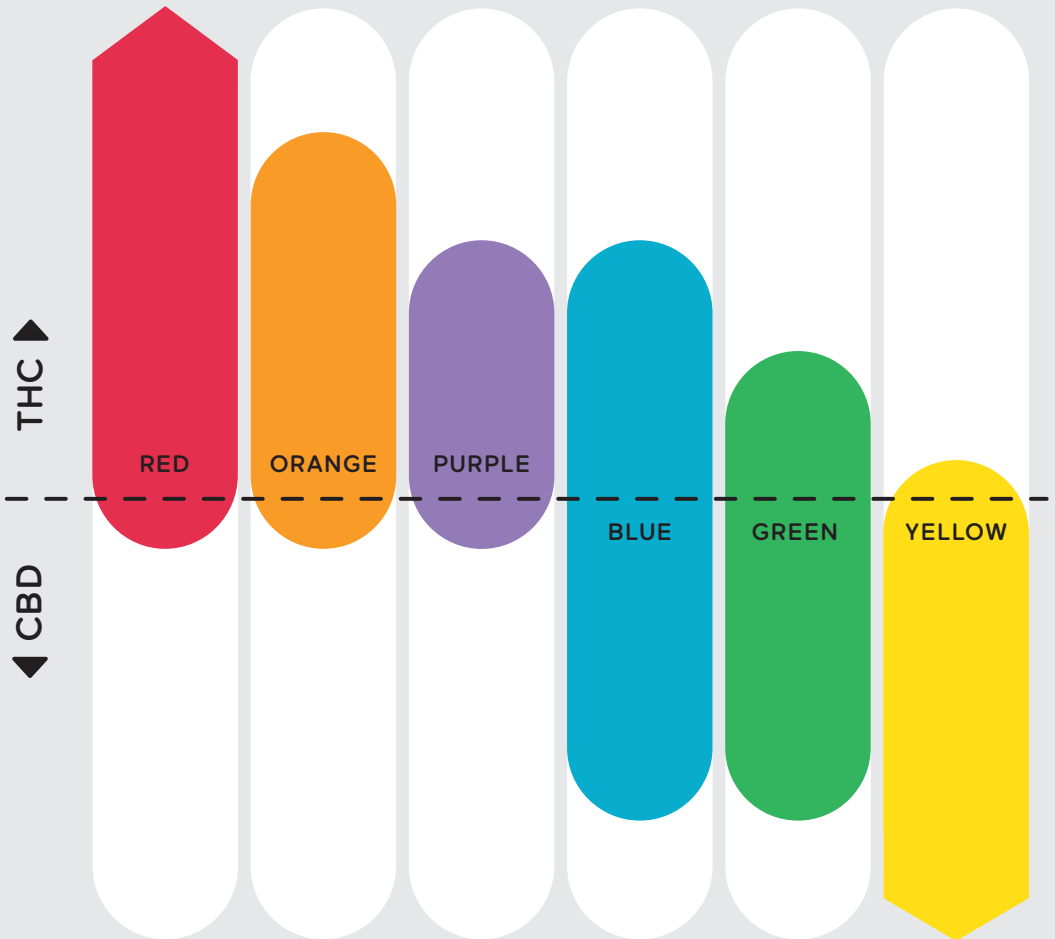


Care@SpectrumTherapeutics.com



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The Spectrum
















Notes

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| Colour <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | |
| Red Orange Purple Blue Green Yellow | | | |
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| <input type="radio"/> Indica <input type="radio"/> Sativa <input type="radio"/> Hybrid | | | |
| Form | | THC | CBD |
| Flower <input type="radio"/> | Oil <input type="radio"/> | Softgels <input type="radio"/> | Milled <input type="radio"/> |
| Flower (%) _____ | | _____ | |
| Oil (mg/mL) _____ | | _____ | |
| Softgels (mg) _____ | | _____ | |
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| Dose consumed <div style="display: flex; justify-content: space-around; text-align: center;"> <div style="width: 30%;">  _____ <small>inhalation(s)</small> </div> <div style="width: 30%;">  _____ <small>mL</small> </div> <div style="width: 30%;">  _____ <small>number</small> </div> </div> | | Time of use _____ AM _____ PM Was it effective? <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | |
| Duration of effects | | | | | | | | | | | | | | | |
| Effects on symptoms | | Unwanted effects | | | | | | | | | | | | | |
| Symptom Scale Indicate the intensity of your primary symptom by circling the appropriate number from 1 (mild) to 10 (severe). Symptom _____ Before 1 2 3 4 5 6 7 8 9 10 After 1 2 3 4 5 6 7 8 9 10 | | Comments | | | | | | | | | | | | | |














Notes

Date / /

| | | | | | |
|---|---|---|---|---|---|
| Colour | | | | | |
| <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |
| Red | Orange | Purple | Blue | Green | Yellow |
| Other products | | | | | |
| <input type="radio"/> Indica <input type="radio"/> Sativa <input type="radio"/> Hybrid | | | | | |
| Form | | | | THC | CBD |
|  |  |  |  | Flower (%) | _____ |
| Flower | Oil | Softgels | Milled | Oil (mg/mL) | _____ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Softgels (mg) | _____ |
| Dose consumed | | | | Time of use _____ AM _____ PM | |
|  _____ inhalation(s) |  _____ mL |  _____ number | Was it effective? <input type="radio"/> Yes <input type="radio"/> No | | |
| Duration of effects | | | | | |
| Effects on symptoms | | | Unwanted effects | | |
| Symptom Scale Indicate the intensity of your primary symptom by circling the appropriate number from 1 (mild) to 10 (severe). Symptom _____ Before 1 2 3 4 5 6 7 8 9 10 After 1 2 3 4 5 6 7 8 9 10 | | | Comments | | |














Notes

Date / /

| Colour <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  Red Orange Purple Blue Green Yellow | | | | | | | | | | | | | |
|--|---|-------|-----|-----|------------|-------|-------|-------------|-------|-------|---------------|-------|-------|
| Other products <input type="radio"/> Indica <input type="radio"/> Sativa <input type="radio"/> Hybrid | | | | | | | | | | | | | |
| Form  Flower <input type="radio"/>  Oil <input type="radio"/>  Softgels <input type="radio"/>  Milled <input type="radio"/> | <table border="1"> <thead> <tr> <th></th> <th>THC</th> <th>CBD</th> </tr> </thead> <tbody> <tr> <td>Flower (%)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Oil (mg/mL)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Softgels (mg)</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | THC | CBD | Flower (%) | _____ | _____ | Oil (mg/mL) | _____ | _____ | Softgels (mg) | _____ | _____ |
| | THC | CBD | | | | | | | | | | | |
| Flower (%) | _____ | _____ | | | | | | | | | | | |
| Oil (mg/mL) | _____ | _____ | | | | | | | | | | | |
| Softgels (mg) | _____ | _____ | | | | | | | | | | | |
| Dose consumed  _____ inhalation(s)  _____ mL  _____ number | Time of use _____ AM _____ PM Was it effective? <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | |
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Notes

Date / /

| | |
|---|--|
| Colour <input type="radio"/>  Red <input type="radio"/>  Orange <input type="radio"/>  Purple <input type="radio"/>  Blue <input type="radio"/>  Green <input type="radio"/>  Yellow | |
| Other products | |
| <input type="radio"/> Indica <input type="radio"/> Sativa <input type="radio"/> Hybrid | |
| Form <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Flower <input type="radio"/> </div> <div style="text-align: center;">  Oil <input type="radio"/> </div> <div style="text-align: center;">  Softgels <input type="radio"/> </div> <div style="text-align: center;">  Milled <input type="radio"/> </div> </div> | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> THC _____ Flower (%) _____ Oil (mg/mL) _____ Softgels (mg) _____ </div> <div style="text-align: center;"> CBD _____ _____ _____ </div> </div> |
| Dose consumed <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  _____ <small>inhalation(s)</small> </div> <div style="text-align: center;">  _____ <small>mL</small> </div> <div style="text-align: center;">  _____ <small>number</small> </div> </div> | Time of use _____ AM _____ PM Was it effective? <input type="radio"/> Yes <input type="radio"/> No |
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