

Symptom Tracker

0 No Symptoms
10 Severe Symptoms

Enlighten Counseling LLC

Date:	Pain Level: (0-10)	Anxiety Level: (0-10)	Mood:	Energy Level: (0-10)	
	Symptoms Wanting to Control:	Product Name Taken: (e.g. Charlotte's Web)	Product Type: (e.g. flower, ticture)	Dose: (If known)	
	Time(s) Taken:	Temperature Setting: (If applicable)	Time to Feel Effect: (e.g. Immediate, 15 mins, 2 hours)	Blood Pressure/Glucose Reading: (If Applicable)	Duration of Effects:
	Overall Outcome: (Circle -->)	(Much Worse) -5 -4 -3 -2 -1 0 (No Change) 1 2 3 4 5 (Optimal Effects)			After Dosing Notes: (Assess symptoms wanting to control and any unwanted effects)