

Before you visit your healthcare practitioner, consider using this checklist to help you remember all the important information you would like to discuss about your condition, medical history and management strategies.

**Talking About Your Condition**

1. What symptoms are you experiencing? Do you have a condition(s) you would like help managing?

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2. Assess your condition:

- Overall, how severe is your condition or the symptoms you experience?
  - Minimal (almost no symptoms)
  - Mild (symptoms are infrequent and tolerable)
  - Moderate (symptoms are frequent and bring discomfort)
  - Severe (symptoms persist and are intolerable)
  - Very severe (symptoms are disabling)
- What impact does your condition have on your daily life?
  - None (it doesn't impact my daily life)
  - Rarely (it is infrequent but has impact on my daily life)
  - Sometimes (it sometimes impacts my daily life)
  - Often (it frequently impacts my daily life)
  - Always (it greatly impacts my daily life)

**Talking About Your Medical History**

1. Do you have any other medical conditions?

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2. Please list any surgeries you have had:

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3. Do you have any allergies?

- Yes
- No

If yes, please list and/or describe your allergies below:

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4. Are you currently taking any medications? Please list your medications below and indicate the dose and how frequently they are taken.

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### Talking About Treatment

1. What treatment(s) are you currently using for your condition?

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2. What other treatment(s) have you used previously?

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What level of relief does your current treatment(s) provide for your condition?

- No relief
- Mild relief
- Moderate relief
- Significant relief
- Complete relief

How satisfied are you with the current treatment(s) you are taking for your condition?

- I am not satisfied and am actively seeking a treatment or management option that best suits my needs
- I am slightly satisfied but I am seeking other treatment or management options
- I am satisfied but I would like to learn of other treatment or management options
- I am very satisfied with my current treatment but I am interested in learning of other options
- I am almost completely satisfied with my current treatment

Remember, talk to your healthcare practitioner about any expectations or concerns you may have, and of any prior experience with cannabinoids. This information will be helpful when assessing whether cannabinoid therapy is right for you.

**Talking About Cannabinoids**

1. What are your expectations for cannabinoid therapy? What do you hope cannabinoids can do for you?

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2. Do you have any concerns about cannabinoid therapy?

- Yes  
 No

If yes, please list and/or describe any specific concerns you may have:

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3. Are you currently taking cannabinoids for your condition?

- Yes, I am  
 No, I have never taken cannabinoids

If yes, please indicate the daily amounts you consume, the ratio of THC to CBD (THC:CBD) and the method(s) of administration:

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4. Have you taken cannabinoids for your condition in the past?

- Yes, I have but I am no longer taking them  
 No, I have never taken cannabinoids

If yes, please answer the following questions:

- When did you take cannabinoids and for how long?

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- What was the ratio of THC to CBD (THC:CBD) in the preparation? *For example, 1:20*

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- What method(s) of administration did you use for cannabinoid therapy?

*Check all that apply*

- Smoked  
 Vaporized  
 Oil  
 Topical  
 Edible  
 Other: \_\_\_\_\_

- What level of relief did cannabinoids provide for your condition?

- No relief
- Mild relief
- Moderate relief
- Significant relief
- Complete relief

- Did you experience any side effects when taking cannabinoids?

- Yes
- No

- If yes, please list and/or describe the side effects you experienced:

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