

Medical Cannabis Treatment Tracker



Finding the right medical cannabis product and dosage for arthritis symptom relief can be a process of trial and error. With a number of different products and formulations on the market, medical cannabis treatment can be challenging to navigate. It's best to "start low and go slow," beginning with a small amount of CBD-dominant product and increasing the dosage or introducing THC only if needed.

Keeping track of your medical cannabis treatment history can help you and your doctor make informed decisions about your care plan and decide when it might be time for a change. This tracker will help you monitor the effects of your medical cannabis treatment and communicate with your doctor about what's working and what isn't. You will be able to note the product you are using, dosage, your symptoms before and after use, as well as any side effects. Use a new tracker sheet for each medical cannabis treatment you have been on or are currently taking.

What is the name of the medical cannabis treatment(s) you are taking [name on the label]?

**It might be helpful to take a picture of the product/packaging to show to your doctor.*

What licensed seller are you registered with [name of the company]?

Who completed your medical document [doctor's name]?

What type of product are you using (i.e. oil, capsule, dried flower)?

What is your dosage each time you use it? (i.e. 0.2 ml of CBD oil, 5 mg of CBD-dominant product, 1 g of dried cannabis)

How many times per day do you use it?

What time(s) of day do you use it (i.e. at breakfast, before bed, 10:00am)?

What is the amount of CBD (i.e. 20 mg of CBD/mL, 50% CBD)?

**If you are unsure, you can ask a pharmacist to help you understand the product you are taking.*

What is the amount of THC (i.e. 10 mg of THC/mL, 20% THC)?

**If you are unsure, you can ask a pharmacist to help you understand the product you are taking*

What date did you start taking this medication?

What arthritis symptoms were you experiencing before you started using this treatment? (for example: knee pain, limited mobility in hip, difficulty sleeping)

Please rate the severity of each symptom before you started using this treatment on a scale of 1-10, with 1 being very mild and 10 being very severe:

Ex. Symptom: Knee pain Select the severity from the drop down list: 1 2 3 4 5 6 7 8 9 10

- a) Symptom: _____
- b) Symptom: _____
- c) Symptom: _____
- d) Symptom: _____

Has this treatment improved any of those symptoms? Is so, what improvements have you noticed?

Please rate the severity of each symptom after you started using this treatment on a scale of 1-10, with 1 being very mild and 10 being very severe:

Ex. Symptom: Knee pain Select the severity from the drop down list: 1 2 3 4 5 6 7 8 9 10

- a) Symptom: _____
- b) Symptom: _____
- c) Symptom: _____
- d) Symptom: _____

Have you experienced any side effects from this treatment? Is so, what side effects have you experienced? When did they each start?

Did you stop taking this treatment? If so, why did you stop taking it?

What date did you stop taking this treatment?

Other comments or questions for your doctor:

For more information, visit the Arthritis Society's Medical Cannabis resource hub at arthritis.ca/medicalcannabis.

This resource was reviewed in January 2022 with expert advice from:

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