

Strain Sheet

Your name:

Strain (name, sativa, indica, any interesting info about it):

Grower:

Onset time (When did you ingest/when did it kick in):

Fade (When do you no longer feel it):

Strength:

Tingling (where on your body did you feel it):

Control (can you maintain focus, etc):

Emotions:

Paranoia:

Energy level:

Smell:

Relieves:

Positives:

Negatives:

Other notes: