



# CBD Metrics

YOUR SELF-DISCOVERY JOURNEY  
STARTS HERE

Issues	DAY 0 How do you feel today?	Week 1	Week 2	Week 3	Note Scores/Improvements/Benefits		
		start day: ___ drops: ___	start day: ___ drops: ___	start day: ___ drops: ___	Week 1	Week 2	Week 3
Anxiety	___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Stress	___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Pain	___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Sleep	___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Other: _____	___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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FIRSTLY, IT'S IMPORTANT TO NOTE THAT WE ARE NOT AUTHORIZED TO PROVIDE DOSING INFORMATION. HOWEVER, WE CAN SHARE WITH YOU COMMON PRACTICES FOLLOWED BY OTHERS.

Begin by writing down how you feel today on a scale of 1-10 (1 being low and 10 being best). Choose your dosage method & track your progress daily/weekly:

### START LOWER

Begin with a low dose and increase weekly until you observe results. This sometimes takes weeks or months of trial and error. This approach is best if you want to take things more gradually.

### START HIGHER

Begin with a higher dose to find your "sweet spot" faster, then gradually decrease the dosage until the desired benefits diminish, identifying your optimal level promptly.

Adapt your dosage weekly & repeat the 3-week metric until you see improvements & desired results are achieved. We call this the "SWEET SPOT". However, if you have not reached it, increase your dose & restart the exercise. REMEMBER: CONSISTENCY IS KEY, IF TREATMENT IS PAUSED YOU MAY NEED TO RESTART YOUR JOURNEY.

Healthy adults should limit CBD consumption to 10mg per day. Always consult a medical practitioner if concerned. Do not use it if pregnant or breastfeeding.