



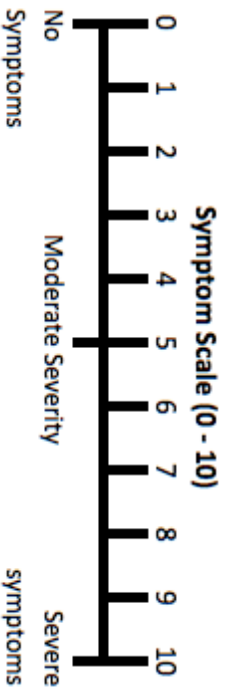
At Daddy Burt Hemp Co, we're here to help you find solutions to your health conditions, so that you can lead a happy and healthy lifestyle. We know the difficulties that chronic conditions like pain, anxiety, arthritis and more can create. We also know that when people can find a solution to a health issue that they were struggling with, it can be a powerful and life changing experience for the better. We've felt this firsthand and is part of the reason we've started this company.

As your provider of CBD products, we're in this together. Our job is not just to give you our proprietary health products, but also to provide you with the resources to succeed. To give yourself the best chance at succeeding with our CBD products, we strongly recommend you document some of the important aspects of your treatment over the first two weeks. By tracking key pieces like how much you took, when you took it, and what it felt like before and after, you'll be better able to determine what the best regimen is for you to find relief.

Print this document, answer the symptom overview questions and track your symptoms over the next 2 weeks

- 1) How satisfied are you with your current symptom management? (0-10) _____
- 2) What level of symptoms do you experience on a routine basis? (0-10) _____
- 3) What is the highest severity of your symptoms that you experience? (0-10) _____
- 4) Do your symptoms limit any of your activities or affect your daily routine? Yes No
- 5) Do your symptoms prevent or disrupt your sleep during the night? Yes No
- 6) Do you take any prescriptions or medications for your condition? Yes No
If yes, describe: _____
- 7) Do you take any additional medications? Yes No
If yes, describe: _____
- 8) Do you experience any side effects from your current medications? Yes No
If yes, describe: _____
- 9) Do you use any other approaches to treat your condition? Yes No
If yes, describe: _____

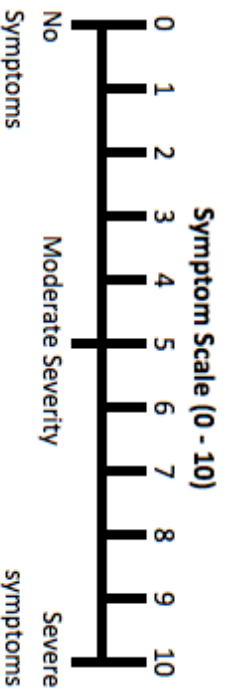
Additional Notes:



Week One
 Date: _____
 Name: _____

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Week of:	Time	Feeling the symptoms? (Y or N)	Severity of symptoms (0-10)	Type of symptoms	Amount of CBD taken	Wait for 1 hr	Did you feel any relief? (Y or N)	If so, when did you start feeling relief?	Severity of symptoms after treatment. (1-10)
Monday									
Notes:									
Tuesday									
Notes:									
Wednesday									
Notes:									
Thursday									
Notes:									
Friday									
Notes:									
Saturday									
Notes:									
Sunday									
Notes:									



Week Two
 Date: _____
 Name: _____

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Week of:	Time	Feeling the symptoms? (Y or N)	Severity of symptoms (0-10)	Type of symptoms	Amount of CBD taken	Wait for 1 hr	Did you feel any relief? (Y or N)	If so, when did you start feeling relief?	Severity of symptoms after treatment. (1-10)
Monday									
Notes:									
Tuesday									
Notes:									
Wednesday									
Notes:									
Thursday									
Notes:									
Friday									
Notes:									
Saturday									
Notes:									
Sunday									
Notes:									