

## Bioassay form: Edible

name	date	Mark scent (S) & flavor (F) qualities													
age	time	Ammonia	S	F	Diesel	S	F	Nutty	S	F	Spicy/Herbal	S	F		
height	gender	Apple	S	F	Earthy	S	F	Orange	S	F	Strawberry	S	F		
weight		Apricot	S	F	Flowery	S	F	Peach	S	F	Sweet	S	F		
<b>Condition being treated *</b>		Berry	S	F	Grape	S	F	Pear	S	F	Tar	S	F		
<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Glaucoma	Blue Cheese	S	F	Grapefruit	S	F	Pepper	S	F	Tea	S	F
<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	HIV/AIDS	Blueberry	S	F	Honey	S	F	Pine	S	F	Tobacco	S	F
<input type="checkbox"/>	Anorexia	<input type="checkbox"/>	Hypertension	Butter	S	F	Lavender	S	F	Pineapple	S	F	Tree	S	F
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Migraines	Cheese	S	F	Lemon	S	F	Plum	S	F	Fruit	S	F
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Multiple Sclerosis	Chemical	S	F	Lime	S	F	Pungent	S	F	Tropical	S	F
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Muscular Dystrophy	Chestnut	S	F	Mango	S	F	Rose	S	F	Vanilla	S	F
<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	PMS	Citrus	S	F	Menthol	S	F	Sage	S	F	Violet	S	F
<input type="checkbox"/>	Cachexia	<input type="checkbox"/>	PTSD	Coffee	S	F	Mint	S	F	Skunk	S	F	Woody	S	F
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Parkinson's	Other:			S	F	Other:			S	F		
<input type="checkbox"/>	Crohn's Disease	<input type="checkbox"/>	Phantom Limb Pain	<b>Rate the strength of the edible after</b>											
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Spinal Cord Injury	<b>15min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	Tinnitus	<b>30min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
<input type="checkbox"/>	Gastrointestinal Disorder	<input type="checkbox"/>	Tourette's Syndrome	<b>45min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
<input type="checkbox"/>	Other:														
<b>amount used</b>															
<b>time between doses</b>															
<b>Rate the medicine</b>															
What type of edible are you using?															
What strain is the edible are you using?															
appearance: - 0 1 2 3 4 5 +															
odor: - 0 1 2 3 4 5 +															
taste: - 0 1 2 3 4 5 +															
medicinal value: - 0 1 2 3 4 5 +															
<b>Comments:</b>		<b>Effects of the medicine</b>													
		Anxious	Euphoric			Hungry			Tingly						
		Aroused	Focused			Relaxed			Uplifted						
		Creative	Giggly			Sleepy			Other:						
		Energetic	Happy			Talkative									
		If taken before bedtime, did you experience a medicine "hangover" after waking up?													
		<b>Yes    No</b>													