

### Bioassay form: Flower

<b>name</b>		<b>date</b>		<b>Mark scent (S) &amp; flavor (F) qualities</b>											
<b>age</b>		<b>time</b>		Ammonia	S	F	Diesel	S	F	Nutty	S	F	Spicy/Herbal	S	F
<b>height</b>		<b>gender</b>		Apple	S	F	Earthy	S	F	Orange	S	F	Strawberry	S	F
<b>weight</b>				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 flower 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>60min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
<b>amount used</b>				<b>75min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
<b>time between doses</b>				<b>90min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
<b>Rate the medicine</b>				<b>105min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
What type of flower are you using?				<b>120min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
What strain is the flower are you using?				<b>&gt;120 min</b>	(weak)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	(very strong)				
appearance: - 0 1 2 3 4 5 +				<b>Effects of the medicine</b>											
odor: - 0 1 2 3 4 5 +				Anxious	Euphoric	Hungry	Tingly								
taste: - 0 1 2 3 4 5 +				Aroused	Focused	Relaxed	Uplifted								
medicinal value: - 0 1 2 3 4 5 +				Creative	Giggly	Sleepy	Other:								
				Energetic	Happy	Talkative									
<b>Comments:</b>				If taken before bedtime, did you experience a medicine "hangover" after waking up?								<b>Yes</b>	<b>No</b>		