

# Pain Inventory Survey

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**Record ID**

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**Date of Survey**

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**What medications have you used for pain control since surgery/last evaluation?**

- Tylenol/acetaminophen
- Ibuprofen/motrin
- Tramadol/ultram
- Oxycodone
- Other
- None

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**If you have been using a medication for pain control other than what is listed please list here:**

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**How many pills of each pain medication have you taken since surgery/last evaluation?**

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**Rate average pain since surgery/last evaluation**

1      2      3      4      5      6      7      8      9      10

                         

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**Please rate your overall satisfaction with your experience since surgery.(1= extremely dissatisfied, 10= extremely satisfied)**

1    2    3    4    5    6    7    8    9    10