

## Patient Weekly Medication Survey

Please list your current pain reliever(s) with the drug name, Strength (eg, mg), Frequency, and Total Maximum Daily Dose.

Are you experiencing any side effects? Answer each question with the options None, Mild, Moderate, more Severe.

- 1) Nausea
- 2) Vomiting
- 3) Constipation
- 4) Itching
- 5) Mental Cloudiness
- 6) Sweating
- 7) Fatigue
- 8) Drowsiness
- 9) Other side effects:
- 10) Date of birth: