PERSONAL CARE PLAN FOR CHRONIC PAIN

1) Set Personal Goals
   □ Improve Functional Ability Score: _____ points by: Date __________
   □ Return to specific activities, tasks, hobbies, sports by: Date __________

2) Improved Sleep (Goal: _____ hours/night, Current: ______ hours/night)
   □ Follow basic sleep plan
     Eliminate caffeine and naps, relaxation before bed, go to bed at target bedtime
   □ Take Nighttime medications

3) Increase Physical Activity
   □ Attend physical therapy (days/week_____)
   □ Complete daily stretching(______ times/night, for_____ minutes)
   □ Complete aerobic exercise/endurance exercise

4) Manage Stress-List main Stressors__________________________________________
   □ Formal interventions (counseling or classes, support group or therapy group)

   □ Daily practice of relaxation techniques, meditation, yoga, creative activity, service
     activities, etc):

   □ Medications:______________________________________________________________

5) Decreased Pain (best pain level in past week:_____/10, worst pain level in past week: _____ /10)
   Non-medication treatments
   Ice /heat:_________________________________________________________________

Medications:
Physician:
BehavioralHealth:
Patient

CC: Copy to Medical Records for scanning

Modified from: Assessment and Management of Chronic Pain Third edition/ July 2000*