My Personal Care Plan for Chronic Pain
Name__________________________

1. Set Personal Goals
   □ Return to specific activities, tasks, hobbies, sports by:_______
   □ Specific activities I will do:
     ___________________________ _____ times per week
     ___________________________ _____ times per week
     ___________________________ _____ times per week
   □ Return to work or volunteering by:_______________________

2. Improve Sleep (Goal: ___ hrs/night, Current: ___ hrs/night)
   □ Eliminate caffeine and naps, relaxation before bed, go to bed at
     target bedtime of _______
   □ Take nighttime medications:________________________________
   □ Changes I can make:__________________________________________

3. Increase Physical Activity
   □ Attend physical therapy (___ days per week/month)
   □ Complete daily stretching (____ times/day for _____ minutes)
   □ Walking or other aerobic exercise
     _____ times per day for _____ minutes or ____ blocks per day
   □ Strengthening with elastic bands or hand weights
     ___ min per day ___ days per week

4. Manage Stress – list main stressors_____________________________________
   □ Interventions (counseling, classes, therapy or support group)
     1) __________________________
       Daily practice of relaxation techniques, meditation, yoga,
       creativity, service activity
     2) __________________________
     3) __________________________
   □ Positive/Negative Thinking
     1) Noticing negative thinking ___________ times per day
     2) Using thought stopping _____________ times per day

5. Decrease Pain
   □ Non-medication treatments
     1) Ice/Heat _______ times per day
     2) ______________________________________
   □ Medication
     1) ______________________________________
     2) ______________________________________
     3) ______________________________________
     4) ______________________________________
   □ Other treatments/complementary therapies__________________________________________

Provider Name:_____________________________ Date:________________
Adapted with permission from South of Market Health Center