

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