Some level of pain is inevitable in life, but everyone wants to be in less pain. However, “having less or no pain” is a vague goal. Use this worksheet to help you write smaller, doable SMART (Specific, Measurable, Achievable, Realistic, Time-bound) goals to help you achieve your long-term goal of being in less pain. Use the completed form on the following page as a guide and see the Pain Plan Suggestions page for additional ideas.

Learn More About My Chronic Illness
____________________________________________________________________
____________________________________________________________________

Work With My Healthcare Team
____________________________________________________________________
____________________________________________________________________

Understand My Pain
____________________________________________________________________
____________________________________________________________________

Understand My Medication
____________________________________________________________________
____________________________________________________________________

Take My Medication
____________________________________________________________________
____________________________________________________________________

Try Natural Therapies
____________________________________________________________________
____________________________________________________________________

Prioritize Diet and Nutrition
____________________________________________________________________
____________________________________________________________________

Be Physically Active
____________________________________________________________________
____________________________________________________________________

Manage Stress
____________________________________________________________________
____________________________________________________________________

Get Enough Sleep
____________________________________________________________________
____________________________________________________________________

Create an Appropriate Health-care Team
____________________________________________________________________
____________________________________________________________________

Please record any additional components you would like to try as part of your health management plan. Revisit your long-term pain management goal, and share your successes toward reaching that goal with your support team and health-care providers.

Other Plan Details
____________________________________________________________________
____________________________________________________________________

Courtesy of

BIOFREEZE
COLD THERAPY PAIN RELIEF
**Sample Pain Management Plan**

**Learn More About My Chronic Illness**
I will spend one hour each month looking at [www.arthritis.org](http://www.arthritis.org) and other reputable websites to help keep up on advances that may help me.

**Work With My Healthcare Team**
I will bring a friend to every doctor's appointment to ensure that I remember all the doctor's recommendations and to make sure all my questions are answered.

**Understand My Pain**
I will complete my pain diary every day to help my doctor and me understand my pain pattern.

**Understand My Medication**
When beginning a new medication, I will read the drug information pamphlet and ask my pharmacist to double-check for possible drug interactions with my other medicines.

**Take My Medication**
I will take my pain and other medicines as scheduled and prescribed instead of waiting for the pain to be unbearable.

**Try Natural Therapies**
I will locate a reputable massage therapist and schedule an appointment.

**Prioritize Diet and Nutrition**
I will keep apples and baby carrots on hand for when I need an afternoon snack all week.

**Be Physically Active**
I will stretch for 10 minutes each morning and walk for 10 minutes each day after breakfast.

**Manage Stress**
I will practice deep relaxation for 10 minutes per day for one week.

**Get Enough Sleep**
I will go to bed at a designated time (like 10 p.m.) and wake up at a designated time each morning.

**Create an Appropriate Health-care Team**
I will write out all of my health-care team's information in a health organizer by next week.

Please record any additional components you would like to try as part of your health management plan. Revisit your long-term pain management goal, and share your successes toward reaching that goal with your support team and health-care providers.

**Other Plan Details**

---

Courtesy of [BIOFREEZE](http://www.biofreeze.com) Cold Therapy Pain Relief