

PRIORITY PLANNING WORKSHEET

“Success is not found in achieving a certain target number. Success means moving in the right direction.”

PRIORITY MENU Check all <input type="checkbox"/> that apply to you	BENEFITS Check all <input type="checkbox"/> that apply to you	BARRIERS Check all <input type="checkbox"/> that apply to you	ACTION MENU Check all <input type="checkbox"/> that apply to you	MONITOR (RESULTS) How do you check your progress?
<ul style="list-style-type: none"> <input type="checkbox"/> Reduce Stress <input type="checkbox"/> Reduce pain <input type="checkbox"/> Improve medication effectiveness <input type="checkbox"/> Improve pain strategies <input type="checkbox"/> Increase physical activity <input type="checkbox"/> Improve functioning in Daily living <input type="checkbox"/> Improve cognitive function <input type="checkbox"/> Improve sleep <input type="checkbox"/> Improve involvement as a parent <input type="checkbox"/> Improve involvement as a spouse <input type="checkbox"/> Improve/increase socializing <input type="checkbox"/> Improve mood <input type="checkbox"/> Increase optimism and hope <input type="checkbox"/> Add your own here . . . <div style="border: 1px solid blue; border-radius: 50%; width: fit-content; margin: 10px auto; padding: 5px; text-align: center;"> <p>Circle your top 3 priorities</p> </div>	<ul style="list-style-type: none"> <input type="checkbox"/> I know I will feel stronger <input type="checkbox"/> I will feel better <input type="checkbox"/> I can do more <input type="checkbox"/> I can do things with my friends or family <input type="checkbox"/> I'll have more energy <input type="checkbox"/> My partner will stop nagging <input type="checkbox"/> I'll sleep better <input type="checkbox"/> It will help with my low mood <input type="checkbox"/> I'll feel more calm and in control <input type="checkbox"/> I will feel more confident <input type="checkbox"/> I will be more optimistic <input type="checkbox"/> Add your own here . . . 	<ul style="list-style-type: none"> <input type="checkbox"/> I'll worry that I will hurt or re-injure myself <input type="checkbox"/> My pain increases <input type="checkbox"/> I'm too tired <input type="checkbox"/> I'm too busy <input type="checkbox"/> I have no time <input type="checkbox"/> I can't motivate myself <input type="checkbox"/> I hate exercising <input type="checkbox"/> I can't do what made me happy <input type="checkbox"/> It's hard not to be stressed when you're broke <input type="checkbox"/> How can I NOT feel negative when I have pain every day? <input type="checkbox"/> I can't do what I like to do <input type="checkbox"/> My limits frustrate me <input type="checkbox"/> I can't cope like I used to (i.e., exercise) <input type="checkbox"/> I'm too isolated <input type="checkbox"/> Add your own here . . . 	<ul style="list-style-type: none"> <input type="checkbox"/> Talk to Pain team <input type="checkbox"/> Better food choices <input type="checkbox"/> Review medications <input type="checkbox"/> Learn relaxation techniques <input type="checkbox"/> Learn sleep strategies <input type="checkbox"/> Develop exercise plan <input type="checkbox"/> Learn to pace and avoid flare-ups <input type="checkbox"/> Modify workspace <input type="checkbox"/> Delegate tasks <input type="checkbox"/> New ways to be involved as a parent <input type="checkbox"/> Invite spouse to pain appointments <input type="checkbox"/> Accept that life has changed <input type="checkbox"/> Make the best of the situation <input type="checkbox"/> Express your needs to family/friends <input type="checkbox"/> See a counselor <input type="checkbox"/> Enlist in other services in the community <input type="checkbox"/> Try Yoga, Tai Chi, Aquacise, others . . . <input type="checkbox"/> Add your own ideas 	<div style="border: 1px solid blue; border-radius: 50%; width: 80%; margin: 20px auto; padding: 10px; text-align: center;"> <p>Helpful Tools:</p> <p>* Use scales (0-10) to measure pain, sleep quality, stress, etc.</p> </div>

PRIORITY MENU Choose your top 3 priorities	BENEFITS What are your benefits?	BARRIERS What are your barriers?	ACTION MENU Follow the SMART goal objectives: S: specific M: measurable A: attainable R: realistic T: time bound	MONITOR (RESULTS) How do you check your progress?