

Name: _____

Date: _____

What is important to me?
_____Goal: (What do I want to be able to achieve in the next 6 months?)
_____How can I start working on this today?
_____Who can help me stay on track?
_____How will I monitor my progress?
_____When will I review my progress?

My issues

My actions

Understanding Pain	<i>eg: Why do I feel pain where I have no sensation?</i>	<i>eg: I will watch "Understanding Pain after SCI" film online</i>
Building my health team	<i>eg: My healthcare team doesn't understand SCI Pain</i>	<i>eg: I will show my healthcare team the SCI Pain Navigator</i>
Physical Activity & Exercise	<i>eg: I am not sure what exercise options are best for me</i>	<i>eg: I will talk to a physiotherapist about setting up an exercise program</i>
Lifestyle & Nutrition	<i>eg: I eat too many processed foods</i>	<i>eg: I will add more fresh fruit and vegetables to my diet</i>
Medications	<i>eg: I am worried about side effects of medication</i>	<i>eg: I will discuss medications with my GP or spinal doctor</i>
Thoughts & Feelings	<i>eg: I feel that nothing can help improve my pain</i>	<i>eg: I will watch the SCI Pain Management films online to help develop a plan</i>
Pain and Sleep	<i>eg: I am unable to get to sleep at night</i>	<i>eg: I will try relaxation practice 15 mins before bed</i>
Flare Up Management	<i>eg: I don't know what to do when my pain flares</i>	<i>eg: I will make a 'flare up plan' of 3 options to try when I get a flare up</i>
Other	<i>eg: I am not able to find recreation options that interest me</i>	<i>eg: I will visit www.d-ability.org and other links from the website for ideas</i>