

Pain Worksheet

Directions: Check the treatments you have tried already; rate them from -5 (made me much worse) through 0 (no effect) to +5 (very helpful); and check those treatments you want to try in the future. Using your answers, choose one or two areas to work on at a time.

| | Tried Y/N | Rating -5/+5 | Use in Future |
|---|--------------|-----------------|------------------|
| Pacing | | | |
| Reduce activity level | | | |
| Delegate | | | |
| Alternate activity with rest breaks | | | |
| Use short activity periods | | | |
| Switch between high and low intensity tasks | | | |
| Use best time of day for most demanding tasks | | | |
| Stay within limits for mental activity | | | |
| Stay within limits for socializing | | | |
| Keep a health log | | | |
| Exercise | | | |
| Use good posture & body mechanics | | | |
| Relaxation | | | |
| Medications | | | |
| Other Treatments for Pain | | | |
| Treat poor sleep | | | |
| Treat fatigue | | | |
| Use heat & cold | | | |
| Use massage | | | |
| Use distraction (pleasurable thoughts/activities) | | | |
| Use healthy self-talk | | | |
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