



PATIENT'S NAME:

DATE:

MY FIVE STEP PAIN MANAGEMENT PLAN

STEP 1 - REVIEW

Exploring how pain currently affects your health and life

Please help us to understand about your health and the main obstacles to improve your quality of life, self-managing with confidence.

There are 5 steps to complete this health check. Please complete all sections that apply to you.

We will look at it together to help explore your concerns, issues and problems linked to your pain, and how we can overcome them.





How have you been feeling in the past couple of weeks?

Please answer each line and tick which column applies to you.

I have felt cheerful and in good spirits

I have felt calm and relaxed

I have felt active and vigorous

I woke up feeling fresh and rested

My daily life has been filled with things that interest me



How are you feeling today? Please answer each line and tick which column applies to you.

I have felt cheerful and in good spirits

I have felt calm and relaxed

I have felt active and vigorous

I woke up feeling fresh and rested

My daily life has been filled with things that interest me

| 1 | All of the time | Most of the time | More than half of the time | Less than half of the time | Some of the time | At no time |
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| All of the time | Most of the time | More than half of the time | Less than half of the time | Some of the time | At no time |
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How tolerable has your pain been over the last few weeks?

Please tick which of the following statements best describes your experience

No pain

Tolerable: Doesn't prevent activity

Tolerable but does affect some activity

Intolerable, but can use phone, watch TV, read

Intolerable and unable to use phone, watch TV, read

Intolerable and unable to verbally communicate because of pain



How has your pain affected your activity in the past week?

Please tick which of the following statements best describes your experience

No limitation - able to undertake activity without limitation due to pain

Mild limitation - able to undertake activity but experienced moderate to severe pain

Signification limitation - unable to complete activity due to pain or pain treatment related adverse effects



Do you have any problems or difficulties with the following: Please tick all that apply to you

Walking or moving about, lack of fitness and stamina Balance or recurrent falls

Side effects or problems with current pain medication e.g. tablets etc.

Pain relief

Understanding why persistent pain occurs

An unhelpful pattern of activity of doing too much, getting more pain, then doing too little

Eating the right sort of foods, weight changes

Disturbed sleep, tiredness or lack of energy

Managing mood changes of depression, anger, anxiety or worry

Relationship difficulties: with partner, family etc, or sex life concerns

Remaining in work or returning to work and/or training

Financial or money difficulties

Other difficulties (for example, concerns about housing, leisure or social events, drinking, gambling or drug use). Please describe here:

.....

Thank you for helping us understand how your pain is affecting your health and life.

STEP 2 - PLAN

Your journey to best manage and reduce your pain

Following your health check, these are the goals we're putting in place to review your pain medication

GOAL 1

Review date:

.....

GOAL 2

Review date:

.....

GOAL 3

.....

Review date:

.....

STEP 3 - REVIEW

We will address your progress at this appointment and set further steps for your progression.

Your first review appointment is booked on:

.....

Review notes

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THE DRUGS I WAS TAKING WERE REALLY STRONG, SO IT WAS ESSENTIAL I WEANED MYSELF FROM THEM SLOWLY. I KNEW IT WAS A LONG ROAD, BUT BIT BY BIT I COULD FEEL MYSELF GETTING BACK TO 'NORMAL'. **77**



STEP 4 - PLAN

You are on a journey, exploring how to best manage and reduce your pain.

Following your first review, we agree the following goals:

GOAL 1

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Review date:

.....

GOAL 2

.....

Review date:

.....

GOAL 3

.....

Review date:

.....

STEP 5 - REVIEW

We will address your progress at this appointment and set further steps for your progression.

Your first review appointment is booked on:

.....

Review notes

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I'M BACK GARDENING, WALKING, ENJOYING TIME WITH OUR CHILDREN AND GRANDCHILDREN AND SOCIALISING - ALL WITHOUT FALLING ASLEEP! THE PAIN'S STILL THERE OF COURSE, BUT I CAN MANAGE IT MYSELF. **77**

OUR RESPONSIBILITIES:

- A named clinician will, as far as possible, supervise your care and prescriptions.
- That clinician will produce a trial treatment plan.
- We will review your medication regularly to see if this is effective. It is a trial of no longer than 3 months and we don't know if it will work.
- To prescribe safely.
- To stop medication if it doesn't help your pain.
- To encourage self-care.
- To refer you for further care if appropriate.
- We will not respond to a request for replacement or increase in treatment if it isn't part of your plan.

YOUR RESPONSIBILITIES:

- To keep your medication safe and away from children and vulnerable adults.
- To let us know how you are getting on and what effect the treatment has on your pain. After all this is just a trial.
- To try new things to reduce your pain such as CBT or exercise therapy.
- To stick to the treatment plan agreed with your named clinician unless unavoidable.
- To not ask for extra or early medication or seek to jump from clinician to clinician.
- If the tablets are not working well to reduce and stop them with our help.

SUPPORT TOOLS

We've listed below some apps, websites and links to help you on your journey. Meet other people experiencing similar conditions for support.

Sunderland Integrated Musculoskeletal Service sunderlandims.co.uk

Sunderland Psychological wellbeing service sunderlandiapt.co.uk

Mental wellness app mypossibleself.com

Live well with pain livewellwithpain.co.uk

British pain society britishpainsociety.org/people-with-pain

Flippin pain flippinpain.co.uk

NHS choices nhs.uk/live-well/pain/ways-to-manage-chronic-pain

More information can be found at **painkillersdontexist.com/support**







painkillersdontexist.com

