Alberta Health Services

HEALTH CHANGE Inspired™ Behaviour Change Methodology

Identification Label

Personal Self-Management Plan

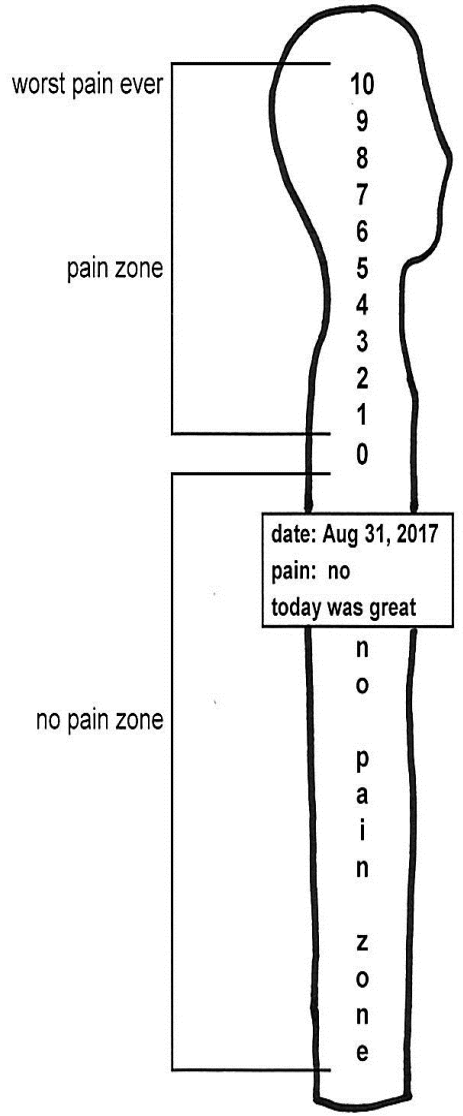
Date Prepared: _____

Referral, Treatment, Lifestyle Recommendations	Priority	Client Decision (circle one)	Action Time Frame	Client's Personal Goal and Action Plan → Include Group or Team Member for individual consult
Engage in Pain Treatment Activities		Yes No Unsure n/a		
Manage Pain Triggers & Monitor Symptoms		Yes No Unsure n/a		
Manage Medications Effectively		Yes No Unsure n/a		
Manage Nutrition & Eating		Yes No Unsure n/a		
Manage Physical Activity		Yes No Unsure n/a		
Manage Stress & Mood		Yes No Unsure n/a		
Manage Fatigue & Energy		Yes No Unsure n/a		
Engage Social Support		Yes No Unsure n/a		

Client Name: _____ Provider Name _____

My DIMs & SIMs

DIMs Danger in Me		SIMs Safety in Me	My Protectometer
	Things I hear, see, smell, taste & touch		
	Things I do		
	Things I say		
	Things I think & believe		
	Places I go		
	People in my life		
	Things happening in my body		



Adapted from Moseley, GL & Butler, D (2015) The Explain Pain Handbook: Protectometer, Adelaide Australia: Noigroup Publications