

My Pain Passport



Use this tool to keep track of your pain experience and to prepare for your next visit.

Side Effects

- | | | |
|---|--|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Allergic reaction/Rash | <input type="checkbox"/> Edema/Swelling | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Feel high/Giddy | <input type="checkbox"/> Sleepiness/Drowsiness |
| <input type="checkbox"/> Constipation | | |

Others: _____

Physical and Mental Activities

- | | | |
|--|---|---|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Shopping | <input type="checkbox"/> Concentrating/Focusing |
| <input type="checkbox"/> Cleaning/Housework | <input type="checkbox"/> Showering | <input type="checkbox"/> Managing Anxiety |
| <input type="checkbox"/> Eating/Diet | <input type="checkbox"/> Walking/Mobility | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Exercise/Physical Therapy | <input type="checkbox"/> Participating in Family Life | <input type="checkbox"/> Socializing |
| <input type="checkbox"/> Getting Dressed | <input type="checkbox"/> Remembering Appointment | <input type="checkbox"/> Staying Motivated |

Others: _____

Main Questions

What are the main questions and concerns to talk about during my next visit?

- 1.
- 2.
- 3.

Goals

What are my goals in the short-term and long-term? Have my goals changed?

- 1.
- 2.
- 3.

Important Items To Note

- When is my next appointment?
- What medication am I taking for pain?
- How many opioid pills do I have left?
- Do I have to complete lab work (blood/urine) before my next visit?



My Pain Passport is your ticket to better communication with your doctors. Read below to see how to use each section of the tool to share your progress, concerns and wishes throughout your pain treatment. Your doctors want to hear from you. My Pain Passport makes it easier for you to share important information.

Place a check next to any new side effects that you've noticed since your last visit.

Write down any key details you remember (like when it happened, or how long it lasted).

Ask yourself: Have any of my side effects changed (gotten better or worse)? Sometimes side effects are more obvious to people around us. Ask friends and family if they've noticed any changes in your side effects, behavior, or sleep patterns.

Side Effects



Physical and Mental Activities



Place a check next to any activity that you would like to discuss with your doctor.

You can select activities if you are having trouble with them or if you want to get back to doing them. Make a note if any activity is getting easier or harder for you to do. You and your doctor can discuss how to best address each one.

Write down questions or concerns that you want to make sure to discuss with your doctor. Here are a few ideas to get you thinking:

- What do I want to know about my pain?
- What do I want to know about my medications?
- How will pain treatment go before and after my surgery?
- Will surgery complicate my pain?
- Will treatment change my lifestyle?
- What are my worries about my recovery from surgery?
- If the pain affects me emotionally can a specialist help?
- Am I worried about anything else?

Write down your goals for your next visit or for your overall pain treatment. Here are some questions you can think about and some possible answers to help organize your thoughts.

What are my priorities?

- What is most important to me in my recovery? *I want to go back to work next month.*
- What daily activities do I want to improve on? *My hope is get better sleep at night.*
- What future dates am I looking forward to? *I'm looking forward to a family wedding next fall.*

What are my strengths?

- What am I good at in terms of my treatment? *I feel confident talking to doctors and setting appointments.*
- What helps me manage my pain? *I have people around me that support me.*
- What keeps me going in my recovery? *My dog needs me to start taking him on long walks again.*

What do I need help with?

- What are some areas that give me trouble? *I'm struggling to get rides to all my appointments.*
- What is something that's frustrating or worrying me? *I think the pain is starting to affect me emotionally.*
- What topics do I want to know more about? *I want to learn about other therapies and treatments.*

Goals

