

Functional Goals

Which, if any, activities are limited due to pain? (Check all that apply)

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> walking | <input type="checkbox"/> sexual activity | <input type="checkbox"/> relationships (family, friends) |
| <input type="checkbox"/> exercise | <input type="checkbox"/> work | <input type="checkbox"/> self-care (bathing, dressing, eating) |
| <input type="checkbox"/> sleep | <input type="checkbox"/> housework | <input type="checkbox"/> Other: _____ |

Which activities are most important to you?

Provider: Work with patient to determine realistic goals and on an action plan to achieve these goals.

Activity	Goal	Action

Reassess improvement/decline in function at regular intervals.