

COMPLETE AT THE BEGINNING OF THE WEEK

Week 1

Date:Jan. 7.....

Can you name 3 activities that you would like to get back into doing that you currently have difficulty with or avoid? What do you really want to do?

Walk 60 minutes 5x/wk in park

_____ %

Cook meals for family 3x/wk

_____ %

Socialize / go out with friends 1x/wk

_____ %

This week I will...

Do 1 NEW physical activity to get me closer to one of my goals

Walk 5 minutes 2x on treadmill

Done!

Do 1 NEW small household activity or errand

Make a simple salad

Done!

Do 1 NEW small fun & enjoyable activity

Listen to 20 minutes of music (Beatles album)

Done!

Do the activity or 1-min. movements prescribed by my PTC provider

1 min. walk / jog on the spot twice a day

Done!

Do one relaxing, calming & mindful activity

10 min. meditation before sleep

Done!

Do one small act of kindness to help or please someone else

Call to just talk to my friend X who is ill

Done!

What would have to happen this week to indicate you are moving forward?

Achieve most of the goals above / make a salad

Done!

COMPLETE AT THE END OF THE WEEK

In the past week, I have...

- | | | |
|---|---|---|
| 1: Moved a bit closer towards my activity goals | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not yet |
| 2: Positively changed my relationship with pain | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Not yet |
| 3: Experienced some fun & pleasurable activities | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not yet |
| 4: Trusted my body more, knowing that it is structurally okay | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Not yet |
| 5: Moved towards accepting my current self, as I am today | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Not yet |
| 6: Sensed I am gaining more control over my life stresses | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not yet |
| 7: Done some form of daily physical activity (even if small) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not yet |
| 8: Done some form of calming activity / mindfulness practice | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not yet |
| 9: Had a nutritious and healthy diet with good hydration | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not yet |
| 10: Spent time outdoors in nature | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Not yet |
| 11. Experienced some positive social connections | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not yet |
| 12. Done something to improve my sleep | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Not yet |

What did you do this week that indicates that you have moved forward?

(Write down at least one small activity that was new, positive or that you've slightly improved in...)

Was more hopeful of getting better as I walked more this week

What valuable lesson in my understanding of pain have I learned this week?

I should stop fighting pain but focus of making life changes

For the upcoming week I wish to focus on improving my sense of...

(CHOOSE ONLY ONE MORE)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Purpose (Activity goals) | <input checked="" type="checkbox"/> Control over pain | <input type="checkbox"/> Fun & pleasure in life |
| <input checked="" type="checkbox"/> Trust in my own body | <input type="checkbox"/> Self-acceptance | <input checked="" type="checkbox"/> Physical well-being |
| <input checked="" type="checkbox"/> Control over my life stresses | <input type="checkbox"/> Proper nutrition | <input type="checkbox"/> Emotional well-being |
| <input checked="" type="checkbox"/> Connection with nature | <input type="checkbox"/> Social connection | <input checked="" type="checkbox"/> Sleeping well |

TO BE COMPLETED ONLY ON WEEK 0 + THE END OF WEEKS 6 & 12

	Date	PDI	PSEQ	CSI	Average PLG Score
Week 0	Jan. 7	37/70	20/24	57/100	15 %
Week 6					%
Week 12					%