Name: Date: **ACTION**PLAN

MY TAPERING PLAN

Plan to lower your opioid dose

Use the table below to plan each step you'll take to lower your opioid dose.

Start date	How much (morning)	How much (night)	How long

MY TAPERING PLAN

Monitor your progress

Monitor and discuss your body, mind and lifestyle with your GP, each time your dose changes.

Date / Dose	Body (eg, activity, level, side effects, pain level)	Mind (eg, ability to think, sleep)	Lifestyle (eg, social life)

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