



CYP: Conquer Your Pain Formula™: Focus Word Sheet

Below are some common thoughts and words, to read through, to help you focus. The exercise is to first, slowly read each item on the positive side, focus on that item, and check off each one as you read it slowly. On the negative side, check off the words that, you feel, you commonly think about. Each day go through the positive focus words, concentrate on them and start to use them during your day. Conversely, consciously decide to STOP using negative/fearful/painful thoughts and words. Remember: you become what you think about and focus on most often. Enjoy and Be Well.

Positive Thoughts & Words:

- | | |
|---------------------------------------|------------------------------------------------|
| <input type="checkbox"/> I am Well | <input type="checkbox"/> I am Positive |
| <input type="checkbox"/> I can | <input type="checkbox"/> I will |
| <input type="checkbox"/> I know | <input type="checkbox"/> Do |
| <input type="checkbox"/> act | <input type="checkbox"/> perform |
| <input type="checkbox"/> motivated | <input type="checkbox"/> I make up my mind |
| <input type="checkbox"/> Execute | <input type="checkbox"/> solve |
| <input type="checkbox"/> Commit | <input type="checkbox"/> Resolve |
| <input type="checkbox"/> Carry out | <input type="checkbox"/> Decide |
| <input type="checkbox"/> Focused | <input type="checkbox"/> Achieve |
| <input type="checkbox"/> Complete | <input type="checkbox"/> determined |
| <input type="checkbox"/> Knowledge | <input type="checkbox"/> positive coping |
| <input type="checkbox"/> planning | <input type="checkbox"/> increasing thresholds |
| <input type="checkbox"/> Work out | <input type="checkbox"/> tasks |
| <input type="checkbox"/> Goals | <input type="checkbox"/> understanding |
| <input type="checkbox"/> solutions | <input type="checkbox"/> challenges |
| <input type="checkbox"/> I am present | |

Negative/Fearful/Painful Thoughts & Words

- | | |
|-----------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> I am in Pain | <input type="checkbox"/> What's wrong with me |
| <input type="checkbox"/> I can't work | <input type="checkbox"/> I'm getting old |
| <input type="checkbox"/> Problems | <input type="checkbox"/> lack of focus |
| <input type="checkbox"/> Stressed | <input type="checkbox"/> anxious |
| <input type="checkbox"/> I can't | <input type="checkbox"/> I can't do anything |
| <input type="checkbox"/> The Dr. told me I have.... | |
| <input type="checkbox"/> What if it hurts | <input type="checkbox"/> indecision |
| <input type="checkbox"/> I don't know | <input type="checkbox"/> maybe |
| <input type="checkbox"/> No Goals | <input type="checkbox"/> Lost |
| <input type="checkbox"/> I can't do anything | |
| <input type="checkbox"/> I am afraid of: | |
| <input type="checkbox"/> the pain | <input type="checkbox"/> staying this way |
| <input type="checkbox"/> not doing what I love to do | |
| <input type="checkbox"/> being out of work | |
| <input type="checkbox"/> nobody believing me | |
| <input type="checkbox"/> needing help | |
| <input type="checkbox"/> caring for my family or family caring for me | |