PACT
PARTNERSHIP TO ASSIST WITH CESSATION OF TOBACCO

PHARMACY ASSOCIATION OF SASKATCHEWAN

Problem Solving Form

Goal Setting Steps

1. Something YOU want to do.
2. Achievable (can be accomplished this week).
3. Action specific (for example visiting your pharmacists to receive a prescription for a tobacco cessation aid).
4. Answer the questions – What, where, how much and when?
5. Measure your Confidence Level (0= no confidence and 10 = total confidence)

Personal Action Plan:

Helping patients with chronic conditions to develop a plan for learning new behaviours.

Name: Date: Phone: The change I want to happen is: My goal for next week is: Action plan: The specific steps I will take to achieve my goal are: (include what, when, how, where, and how often)	The things that could make it difficult to achieve my goal include: My plan for overcoming these challenges include: Support and resources I will need to achieve my goal include: My confidence that I can achieve my goal is (scale of 0 to 10, with 0 meaning not confident at all, and 10 being extremely confident: _____