

## 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 physician 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 behaviors.

<p>Name:</p> <p>Date:</p> <p>Phone:</p> <p>The change I want to make happen is:</p> <p>My goal for the next week is:</p> <p><b>Action Plan:</b></p> <p>The specific steps I will take to achieve my goal are:(include what, when, how, where,and how often)</p>	<p>The things that could make it difficult to achieve my goal include:</p> <p>My plan for overcoming these challenges include:</p> <p>Supports and resources I will need to achieve my goal include:</p> <p>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: ____</p>
---	--