

# My SMART Lifestyle Goals

USING THE TABLE BELOW, LIST YOUR **SMART** GOALS FOR YOUR TREATMENT PLAN.

| Get SMART                         | GOAL 1    | GOAL 2    | GOAL 3    | GOAL 4    | GOAL 5    |
|-----------------------------------|-----------|-----------|-----------|-----------|-----------|
| <b>Specific</b>                   |           |           |           |           |           |
| Who                               |           |           |           |           |           |
| What                              |           |           |           |           |           |
| Where                             |           |           |           |           |           |
| When                              |           |           |           |           |           |
| Which                             |           |           |           |           |           |
| Why                               |           |           |           |           |           |
| <b>Measurable</b>                 |           |           |           |           |           |
| How much                          |           |           |           |           |           |
| How many                          |           |           |           |           |           |
| How will I know it's accomplished |           |           |           |           |           |
| <b>Attainable</b>                 |           |           |           |           |           |
| Skills                            |           |           |           |           |           |
| Capacity                          |           |           |           |           |           |
| Financial                         |           |           |           |           |           |
| <b>Realistic</b>                  |           |           |           |           |           |
| Willing                           | YES or NO | YES or NO | YES or NO | YES or NO | YES or NO |
| Able                              | YES or NO | YES or NO | YES or NO | YES or NO | YES or NO |
| <b>Time bound</b>                 |           |           |           |           |           |
| Start date                        |           |           |           |           |           |
| Finish date                       |           |           |           |           |           |

Consider your top goal (goal 1) from the list above and answer the following questions:

a. Why is this important to you?

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b. How will this benefit you?

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