|  |  |  |
| --- | --- | --- |
| What I think and feel | If and when I become involved in this situation I will… | In this situation, I would… |
|  |  | *Situation 1* |
|  |
| *Situation 2* |
|  |
| *Situation 3* |
|  |

## Use this sheet to identify what will influence your attitudes and behaviours in a given health and safety situation.

Health and safety issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attitudes Intention to behave Behaviour

**Influences**

*Who and what has influenced my behaviour? (peers and family, skills, mood, enforcement, time, environment, convenience)*

**Influences**

*Who and what has influenced my thoughts and feelings? (experience, personality, family, media)*