

## Daily Journal for Safety Belt Use

Name \_\_\_\_\_ Date \_\_\_\_\_ Day: M T W Th F Sa Su

Use = Whether a safety belt was used

Trip/outing = Where you were going

Duration = How long the vehicle ride lasted

Influences = How the environment and other people influenced your choice about safety belt use

Emotions/thoughts = What you felt and thought about safety belt use

Time	Use (Y/N)	Trip/outing	Duration	Influences	Emotions/ thoughts