

## **How Confident Am I?**

## PART 1

Rate yourself!

How confident do you feel to take action to avoid or reduce your exposure to secondhand smoke and e-cigarette aerosol?

Write down a number between 1 and 5.

1 = I feel very little confidence.5 = I feel very confident.

Explain your answer.

## PART 2

What can you do to feel more confident?