

Am I Ready?

(10 – 14 Year Old Questionnaire)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. My parent(s)/caregiver(s) know(s) the route I take to get to and from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know how to contact my parent(s)/caregiver(s) at work and/or on their cell phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know how to contact a relative, an adult family friend, or neighbour if I need them and my parent(s)/caregiver(s) are okay with me contacting them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I know the rules of the road and how to cross the street safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know when to and how to call 911.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know basic First Aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My family has a First Aid kit and I know where it is kept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know what to do in case of a fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I know what to do if someone comes to the door or calls on the phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I know what to do if I lose my house key(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I know how to safely make a snack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My parent(s)/caregiver(s) and I have discussed the rules about: friends visiting, screen time including the use of social media, types and location of physical activity, doing homework, and other important matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My parent(s)/caregiver(s) have had conversations with me about the risks and harms of alcohol and other drugs including prescription drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>I think I am ready and feel confident to be at home alone!</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>