



READINESS LIVING WORKSHOP 111.10 YOUR READINESS SCALE

<http://www.readinessliving.org/>

This form is for self evaluation; you will not be asked to share its contents or disclose your answers.

SHELTERING IN PLACE:

- 1. Do you have food in your home to meet your family’s needs, including pets, for 3 months? Y N
- 2. Do you have a method to cook if there is no electricity or gas service? Y N
- 3. Do you have a method to purify your water, other than boiling, if city service is interrupted? Y N
- 4. Do you have a safe room in your home (not a safety zone)? Y N
- 5. Do you have an extra supply of any medications you or your family need? Y N
- 6. Do you have a well supplied first aid kit in your home? Y N
- 7. Do you have hygiene and sanitation supplies on hand at home for extended use? Y N
- 8. Can you and your family stay warm at home without gas or electricity? Y N
- 9. Do you have an All Hazards NOAA Alert programmable radio? Y N
- 10. Are your vaccinations up to date? Y N

DRIVE-OUT (BUG OUT):

- 1. Do you have a family evacuation plan for leaving the region (various avenues of egress)? Y N
- 2. Does your family know where to meet you if they cannot get home in an emergency? Y N
- 3. Do you know where your children will be sheltered in case of emergency when they are out of your care (school/daycare)? Y N
- 4. Do you have an alternate method of communication if phone service goes out? Y N



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| 5. Do you have a passport and birth certificate for each family member? | Y | N |
| 6. Do you keep important papers in a file and loaded onto a memory stick ready for evacuation? | Y | N |
| 7. Do you keep the gas tank in your car at least 3/4 full at all times? | Y | N |
| 8. Do you have a well stocked first aid kit in the car? | Y | N |
| 9. Do you keep an accessible supply of cash on hand? | Y | N |
| 10. Do you keep up to date city, county, state maps in your vehicles? | Y | N |
| 11. Could you leave home without looking back? | Y | N |

WALK-OUT:

- | | | |
|--|---|---|
| 1. Do you have a Ready Pack for a walk-out ? | Y | N |
| 2. Do you keep sturdy walking shoes/boots readily accessible? | Y | N |
| 3. Do you have a compass and know how to use it? | Y | N |
| 4. Are you prepared to protect what you have, yourself and family? | Y | N |
| 5. Are you physically fit enough to carry your Ready Pack? | Y | N |

If two men came to your door in the middle of the night and said “Leave this place!” would you be ready?

- 20-26 Yes Answers- Time to Train Others**
- 15-19 Yes Answers- Well Along the Trail to Readiness Living**
- 10-14 Yes Answers- You Have Started Your Journey**
- 0- 9 Yes Answers- Time to Discern the Times**