

# Risk Assessment Checklist

✓ Check the boxes that best identify current safety practice.

### Home:

- I lock all doors and I close all windows when leaving or sleeping
- I have a cordless phone or cell phone
- I have a flashlight
- I have a well lit lobby or door to home
- I take the elevator instead of stairs
- I don't open the door to strangers
- I only tell trusted friends, or family when I'm not at home



### Phone:

- I have a recorded message that does not include: names of people in household, phone number or address
- I don't give my name, phone number, or address to strangers on the phone
- I have caller ID
- I hang up if a caller is rude or I feel uncomfortable.



### Banking:

- I have my PIN number memorized
- I do my banking on my own without strangers or new friends watching
- I ask only banking employees if I need help
- I don't share my PIN, debit cards, credit cards with anyone



## Risk Assessment Checklist, continued

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### Internet:

- I don't think that the internet is a safe place to meet people
- I don't tell anyone on the internet my real name, address, phone numbers, email addresses, passwords, or credit card numbers
- I tell someone I trust when someone online asks for personal information
- I do not talk to anyone online that is bothering me. I block them from contacting me.
- I do not meet anyone I talk to online for friendship or sex when I am by myself
- I only meet people I talk to online in public



### Street:

- I travel mostly in daylight hours
- I travel in well lit areas after dark
- I travel with company after dark
- I only carry small sums of money when travelling
- I travel in places where there are lots of other people
- I do not walk close to a car or van to talk to a stranger even if they ask me a question
- If I feel scared I go to a safe place for help
- I know people in my area that I can go to for help
- I have friends or family that live in same neighbourhood
- I keep looking around when I am out alone and I know who or what is around me
- I go where there are other people and ask for help if someone is following me
- I carry a cell phone when I go out



### Health:

- I feel comfortable with doctors or healthcare professionals
- I speak up if I am not comfortable with any medical practice or procedure
- I have a friend, or support person who will come with me on Doctor's visits
- I have a good family doctor that I trust



## Risk Assessment Checklist, continued

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### Sex:

- I have sex only with people I know and want to have sex with
- I use condoms or birth control to protect myself from disease or unwanted pregnancy
- I talk to my doctor, and other women I know about condoms and birth control methods
- I choose to use a birth control method that works for me and I always use it
- I feel comfortable talking to my partner about sex
- I have a partner who listens to my needs when it comes to sex



### Relationships:

- I have not been pushed, hit, kicked, punched, bitten, burned, injured by use of weapon, or objects thrown, by partner, family members, caretakers, or friends
- I have not been unwillingly touched, forced to have unprotected/protected sex, exposed to, or forced to participate in pornography or prostitution
- I have not been threatened, put down, embarrassed or humiliated by unwelcome comments or behaviour from my partner, family members, caretakers, worker, or friends
- I pay my own bills, do my own banking, and decide what I want to do with my money
- I have not had money or property stolen by friends, family, or partner
- I am able to practice my own spiritual beliefs
- I have a plan to stay safe if I choose to stay with someone who hurts me
- I have a plan to stay safe if I choose to get away from someone who hurts me
- I have supportive friends and family
- I have someone that I trust and I can go to for help if anyone is hurting me



**\*Unchecked boxes identify areas of safety risk**