



Food Storage Needs Assessment

Family Name: _____

Family Size: Adults: _____ Children: _____ Pets: _____

Family Goal: _____

Date: _____

Directions: Read each of the questions below and answer where your family stands on a scale of 1-10, ten being the best.

	1	2	3	4	5	6	7	8	9	10
1. We have the staples of wheat, rice, and beans in our home:										
2. We have recipes and cook with wheat, rice and beans on a regular basis:										
3. We have a manual wheat grinder:										
4. We have plans for alternative cooking:										
5. We have 3 gallons of water per person per day for long term use:										
6. We know how to purify unsafe water:										
7. We have 6 month's toiletries-i.e. soap, toothpaste, toilet paper, diapers, wipes, etc:										
8. We have a flashlight & batteries in each bedroom:										
9. We have at least 6 month of OTC* medication on hand(1 month for prescriptions):										
10. We have an alternative heating source (propane heater or fireplace):										
11. We have a fire extinguisher on each level of our home:										

*OTC = Over the counter (i.e. Tylenol, Benadryl, Visine, etc.)