Preparedness Survey

Debt

(1) Are you debt-free? Y N
(If "yes", skip to section "Food Storage".)
(2) Please complete questions indicating what type of debt you have;
a) home mortgage Y N
b) car Y N
c) credit card Y N
d) recreational vehicle(s) Y N
e) other Y N
(3) Approximately, what is the total monetary amount of debt you currently carry? _____
(4) Are you actively following a plan to become debt-free? Y N
(5) Estimate how many years/months before you become debt-free._____

Food Storage

(6) Do you have a functioning home food storage program? Y N
(7) How many gallons of water do you have stored (not including water heater, toilet tanks)? _____
(8) How many pounds of grain and/or legumes do you have stored (rice, wheat, etc)? _____
(9) Are you using your storage items on at least a weekly basis? Y N
(10) How many rotating food supplies?
a) cans (soup, vegetables, etc.)_____
b) powdered milk _____
c) other (list item & amount) _____
d) other (list item & amount) _____
e) other (list item & amount) _____
f) other (list item & amount) _____
g) other (list item & amount) _____
(1 l)Estimate how many months your family could survive on your overall food storage: _____

Fuel Storage & Use

Please answer the following as if electricity/natural gas service is disrupted:
(12) Do you have an alternative heating source (wood burning stove, propane, etc.) Y N
(13) Estimate how many days of fuel for such heating you have stored: _____
(14) Estimate how many hours lighting you have stored (candles, lanterns, generator, etc.): _____
(15) Do you own an alternate cooking device? Y N
(16) Do you own dutch oven/outdoor cookware? Y N

Medical Supplies

(17) Do you have a family first aid kit? Y N

Personal Hygiene

(18) Do you have a chemical toilet? Y N
(19) How many pounds of soap/detergent do you have stored? _____
(20) How many bars of hand/bath soap do you have stored? _____
(21) How many boxes of Kleenex tissues do you have stored? _____
(22) How many rolls of toilet paper do you have stored? _____
(23) How many rolls of paper towels do you have stored? _____

Alternative Dwelling

(25) Do you have an alternative dwelling if house became unlivable? (tent, camper, trailer, etc.)? Y N
(26) Do you have a 72-hour kit for each family member? Y N