**Personal Preparedness Assessment**

The intent of this assessment is to give you a general sense of where you are with preparing for an emergency. Don’t expect to answer “yes” to everything but use it to help identify opportunities to focus on. These are listed in alphabetical order by topic and not by importance – that is personal and can vary greatly with each person/family. It is also not encompassing of any and all possible needs but will hopefully give ideas for your own preparedness plan.

CLOTHING

* I have a summer and winter sleeping bag for each member of the family. Yes/No
* Everyone in my family has a pair of readily available sturdy socks/shoes/boots. Yes/No
* I have a pair of shoes at my bedside I could put on with no lights at night. Yes/No

COMMUNICATIONS

* I have an AM/FM Shortwave radio that is battery or solar powered. Yes/No
* I have 2-way radios (CB, FRS, GMRS) for my family members. Yes/No
* I have spare batteries or solar chargers for my radios. Yes/No
* I have a second way to charge each cell phone in my home without power. Yes/No
* I have a HAM license and a HAM radio. Yes/No

DRILLS

* I have staged a fire drill in my home for my family in the last 24 months. Yes/No
* I have staged an emergency evacuation (bugout) drill for my family in the last 24 months. Yes/No
* I have staged an intruder/robbery/break-in drill for my family in the last 24 months. Yes/No
* I have staged a 48 hour power outage drill for my family in the last 24 months. Yes/No
* I have staged a 48 hour water outage for my family in the last 24 months. Yes/No

DOCUMENTS

* I have paper copies of all of my important documents. Yes/No
* I have a paper list of contacts, phone, names, addresses, and other info. Yes/No
* Each member of my family has a current valid passport. Yes/No

EVACUTAION

* I have a specified planned destination to go to for emergency relocation. Yes/No
* I have an appropriately packed 72-hour kit for each member of my family. Yes/No
* I have paper maps for my city, county, state and routes to planned destinations. Yes/No

FINANCES

* I keep cash on hand in my house. Yes/No
* I have an emergency fund for monthly expenses (how many months). Yes/No
* I have paid all of my credit card debt. Yes/No
* I have paid off ALL of my debts. Yes/No

FOOD

* I have regularly eaten food for my family for X months. Yes/No
* I have long term food storage for my family for X months. Yes/No
* I regularly rotate my food and try to prevent expirations. Yes/No
* I have a way to cook my food (camp stove/grill/etc.) without any utility power. Yes/No

FUEL

* I have stored stabilized gasoline. Yes/No
* I have backup fuel such as butane, white gas, propane or charcoal for emergency cooking. Yes/No
* I have backup fuel for heating my home. Yes/No

LIGHTING

* I have a flashlight in every bedroom. Yes/No
* I have backup lighting (LED/solar lamps, candles). Yes/No
* I have spare batteries for my flashlights. Yes/No

MEDICAL

* I know and am trained in first aid. Yes/No
* I have a well-stocked first aid kit(s) in my home and cars. Yes/No
* I have critical prescriptions on hand for X months. Yes/No
* I have a well-rounded supply of over the counter medications. Yes/No
* I regularly exercise and maintain my physical health. Yes/No
* My family has a medical emergency response plan. Yes/No
* I am CERT (Community Emergency Response Training) certified. Yes/No

PANDEMIC

* I have a supply of disposable gloves, masks, goggles. Yes/No
* My family is fully prepared to create, supply and staff an isolation/sick room in our home. Yes/No

POWER

* I have a portable electric generator. Yes/No
* I have started and ran my generator in the last month/year. Yes/No
* I have alternate electrical systems (solar/wind/hydro) in my home. Yes/No

SANITATION

* I have a stand-alone emergency toilet (plastic bucket and garbage bags). Yes/No
* I have lots of extra toilet paper and paper towels. Yes/No
* I have sanitizing supplies (soap, alcohol, bleach, cleaning supplies). Yes/No

SHELTER

* I have a fire extinguisher in my home and I know how to use it. Yes/No
* I have a carbon monoxide detector in my home. Yes/No
* I have plastic sheeting and duct tape to repair broken windows if needed. Yes/No

SPIRITUAL

* I have personal prayer every day. Yes/No
* I have personal scripture study every day. Yes/No
* I participate in family prayer every day. Yes/No
* I participate in family scripture study every day. Yes/No
* I participate in family home evening every week. Yes/No
* I attend my church meetings every week. Yes/No

TRANSPORTATION

* My vehicle(s) have a full fuel tank. Yes/No
* I have a four wheel drive vehicle. Yes/No
* I have a fire extinguisher in my vehicle(s). Yes/No
* I keep emergency supplies and first aid kit in my vehicle(s). Yes/No

WATER

* I have enough stored water for each member of my family. Yes/No
* I have water treatment chemicals (bleach, iodine, aerobic oxygen) stored. Yes/No
* I have a water purification system (filter). Yes/No