Hidden Cache Prepper Needs Analysis

The purpose of the Needs Analysis is to identify how much food, water and other resources you need to have to be able to hold up for a 3-week event. This list is not meant to be all-inclusive. It's as a guide to help you get started.

Points to Consider

- **In the aftermath of a disaster and during power outages, you must change your behavior! You can't behave as you would when power and other services are available.**
- Activate your family's emergency plan as soon as it's reasonable to do so.
- As a family and before the event, discuss your plans and assign roles to ensure that everyone knows what to do and when.
- Assigning age-appropriate tasks to children works to counter anxiety and creates a sense of agency.
- As a family and before the event, discuss how you will respond when the kids are at school, parents at work or family members are in different locations. Determine who does what to maximize effectiveness and minimize exposing others to potential harm.
- Keep flashlights and lanterns placed throughout the home to avoid injuries during a power outage. For example, a kitchen drawer, atop nightstand, closet/basket in the bathroom, etc.
- Avoid constantly opening the refrigerator & freezer to check on food.
- Do not attempt to heat/cool the entire house. Activate your plan and fall back to your warm/cool room.
- Depending upon the scope and scale of the disaster, reach out to your out-of-the-area contact and use them to relay information and provide updates on the situation.

Questions

1. Based upon household size, how long does a 24/40 case of bottled water last?
2. Based upon household size, how long does a 12-pack of toilet paper last?
3. Based upon household size, how long does a package of feminine hygiene products last?
4. Based upon household size, how long does a gallon of milk last?
5. Based upon household size, how long do treats such as cookies and chips last?
6. Based upon household size, how often do you shop for groceries?
7. Based upon household size, how long does a tube of toothpaste last?

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8. Does your family cook every meal and eat leftovers?

Based on your answers above, calculate your household's 3-week targets:

- ☐ Water: _____ (cases of 24/40 bottles) — *or* _____ gallons
- ☐ Toilet paper: _____ (12-packs)
- ☐ Feminine Hygiene:_____
- ☐ Milk or milk substitute: _____ (gallons, if stored/powdered form used)
- ☐ Toothpaste: _____ (tubes)
- ☐ Staple groceries (based on shopping frequency above): _____ (# of shopping trips' worth)

*Reminder: these numbers are a starting point based on your normal consumption rate. Adjust up if you're planning for a longer period of time, of if you plan to share with neighbors or family members who may need to shelter with you.

Family Size & Type

- ☐ Number of adults ____ (number of adults over 65 ____)
- ☐ Number of children under 18 ____
- ☐ Number of infants & toddlers ____

Total:_____

Special Needs

- ☐ Daily medication: Yes ___ No ___
- ☐ Is refrigeration required: Yes ___ No ___
- ☐ Supplemental Oxygen required: Yes ___ No ___

Medical Necessity

- ☐ Is anyone in the household bedridden or nearly bedridden? Yes _____ No _____

Medical Considerations

- ☐ In this space, detail the medical conditions and associated considerations such as dietary needs and physical care: (Ex: Type 2 Diabetes; Arthritis; Gout)

  _____

  _____

  _____

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_____
_____
_____
_____

Dietary Considerations

- ☐ In this space, list dietary concerns and the associated cultural / religious considerations: (Ex: No pork; Vegan; Pescatarian; Food Allergies)

_____
_____
_____
_____

Mobility Status

- ☐ In this space, list mobility status and the associated considerations: (Ex: Paraplegia; Amputations; Unsteady Gait)

_____
_____
_____
_____
_____
_____

Cognitive & Sensory Considerations

- ☐ In this space, list cognitive and sensory conditions and the associated considerations: (Ex: Alzheimer's; Autism; Blindness; Depression/Anxiety Disorder)

_____
_____
_____
_____
_____
_____

Prescription Medications (Complete the table below)

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Medication	Dose	Refill Frequency	Supply-on-hand	Prescribing Pharmacy

*Ask your pharmacist about an emergency supply refill exception - some insurers allow early refills for a documented emergency.

Assistive Devices (Be sure to include power cords, batteries, cleaning supplies and other necessary accessories)

- ☐ Wheelchairs and powered scooters
- ☐ Canes / Walkers / Crutches / Braces
- ☐ Commodes / Shower Chair / Patient Lift

Personal Devices (Be sure to include power cords, batteries, cleaning supplies and other necessary accessories)

- ☐ Hearing Aids
- ☐ Eyeglasses & Contact Lenses
- ☐ Oral Appliances (Dentures / Mouthpieces)

Hygiene and Personal Care

- ☐ Diapers: adult ____ Infant ____
- ☐ Feminine Hygiene Products
- ☐ Toilet Paper & Baby / Body Wipes (Unscented)
- ☐ Birth Control
- ☐ Male and Female incontinence care (disposable / reusable underwear)
- ☐ Bed Pads
- ☐ Deodorant / Perfume / Cologne
- ☐ Oral Care (toothbrushes & paste / floss / denture cleaning supplies / tongue scrapers)
- ☐ Shaving and Hair care products
- ☐ Skin Care: Body Lotions / Suntan Lotions / Facial Moisturizer
- ☐ Nail & Foot care products

Quantity Needed: _____

Comfort Items

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- ☐ Books & Magazines
- ☐ Needle Point / Crocheting / Knitting Supplies
- ☐ Writing & Drawing Tablets
- ☐ Acoustic Guitar
- ☐ Handheld electronics (game consoles, tablets)
- ☐ Alcohol and Cigarettes (consume sparingly)

Quantity Needed:_____

Cash (Set aside what you can comfortably manage monthly)

- ☐ Small denominations
- ☐ Use for genuine emergencies, only

Pets

- ☐ Type of animal(s) _____
- ☐ Number of animals ____
- ☐ Medical condition: Yes ___ No___
- ☐ Does your animal eat table scraps or pet food?_____
- ☐ Control accessories (Crates / Leashes / Muzzles)
- ☐ Identification

Pet Medications

Medication	Dose	Refill Frequency	Supply-on-hand

Veterinarian Contact Info: _____

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