

Recommended	Household daily use	Total needed for 14 days
Fresh products	Enter quantity (number of pieces, oz, or fl. oz)	This will be your 14-day supply
Meat		
Fish		
Juice		
Soup		
Milk		
Cheese		
Butter/marg		
Fruit:		
Vegetables:		
Dried and long life food	Enter quantity (number of pieces, oz, or fl. oz)	This will be your 14-day supply
Ready to eat meals		
Breakfast cereals		
Flour/bread		
Milk powder/UHT milk		
Soup mix		
Dried vegetables		
Rice and pasta		
Long life cheeses		
Tea/coffee/drinking chocolate		
Sugar/sweetener		
Pasta sauce		
Cooking oil		

Recommended	Household daily use	Total needed for 14 days
Snack food	Enter quantity (number of pieces, oz, or fl. oz, etc)	This will be your 14-day supply
Dried fruits		
Nuts		
Biscuits		
Spreads		
Crackers		
Snack bars		
Drinks	Enter quantity (number of pieces, oz, or fl. oz, etc)	This will be your 14-day supply
Juices (long life)		
Bottled water (3 L/person per day)*		
Water steriising tablets*		
Other drinks		
Baby supplies	Enter quantity (number of pieces, oz, or fl. oz)	This will be your 14-day supply
Baby food		
Baby formula		
Wipes		
Diapers		
Pet food	Enter quantity (number of packets, oz, or fl. oz, etc)	This will be your 14-day supply
Pet food (canned/dry)		
Flea/worm treatments		
Personal care/cleaning products	Enter quantity (number of pieces, oz, or fl. oz, etc)	This will be your 14-day supply
Toilet paper		
Soap		
Shampoo		
Feminine hygiene products		
Garbage bags		
Tissues & paper towels		
House/laundry cleaning/disinfectant products:		

Recommended	Household daily use	Total needed for 14 days
Emergency power backup		Check off whether you have these
Batteries		<input type="checkbox"/>
Torch, candles & matches		<input type="checkbox"/>
Manual can opener		<input type="checkbox"/>
Portable radio		<input type="checkbox"/>
Health supplies		Check off whether you have these
First aid kit (stocked)		<input type="checkbox"/>
Adult & children pain killers		<input type="checkbox"/>
Face masks		<input type="checkbox"/>
Protective gloves		<input type="checkbox"/>
Thermometer		<input type="checkbox"/>
Alcohol based handwash/gels/wipes		<input type="checkbox"/>
Other items		Check off whether you have these
Prescribed medications		<input type="checkbox"/>
Other preferred supplies		