

Total points indicate the level of need for a medical alarm.

**15 + Points
Urgent Need**

A medical alert system is likely to be recommended with some urgency by hospitals, doctors, nurses and professional caregivers in this situation.

**8-14 Points
Elevated Need**

A medical alert system is likely to be highly recommended by hospitals, doctors, nurses and professional caregivers in this situation.

**4-7 Points
Moderate Need**

Hospitals, doctors, nurses and professional caregivers might well advise you to consider a medical alert system.

**0-3 Points
Limited Need**

A medical alert system might not be required immediately, but you should re-evaluated as time goes on or your needs change.

A medical alarm gives seniors and those with chronic medical conditions the security and confidence to continue to live independently at the one place they feel most comfortable - **in their own home.**

To find out if a safety & medical alert system is recommended for you or someone you care for, take a moment and answer these ten simple questions. Please read the question, and if the question applies, place a check mark in the point's box. When you have completed all ten questions, total the points and then identify the level of need according to the information in the left hand column.

Questions	Points
1. Are you alone for several hours during the day or night?	<input type="checkbox"/> 2
2. In the past year, have you fallen, been dizzy, been anxious about falling or otherwise been at risk in your home?	<input type="checkbox"/> 3
3. Have you been hospitalized, or been to the emergency room in the past year?	<input type="checkbox"/> 2
4. Do you have at least one of these chronic ailments: heart disease, stroke, COPD, osteoporosis, diabetes, or arthritis?	<input type="checkbox"/> 2
5. Do you use a cane, walker, wheelchair, stair climber or other assistive device to help with balance or walking?	<input type="checkbox"/> 3
6. Are you required to take several daily medications?	<input type="checkbox"/> 3
7. Do you require assistance with at least one of the following activities; bathing, dressing, or meal prep?	<input type="checkbox"/> 3
8. Would a medical alarm provide peace of mind for your loved ones?	<input type="checkbox"/> 1
9. Is it important to you to continue to live independently?	<input type="checkbox"/> 1
10. Are you over 75 years of age?	<input type="checkbox"/> 3
Total Points	
IMPORTANT NOTE: This self-assessment is useful in identifying the need for a medical alarm, but every situation is unique, so if you have any particular concerns, contact a trusted health care professional.	