Need a Medical Alert System?





| Question | Yes | No |
|--|-----|----|
| Do you live alone? | | |
| Are you 65 years of age or older? | | |
| Have you fallen in the last 3 years? | | |
| Are you worried about falling and not being able to reach the phone? | | |
| Are you worried about falling in the shower? | | |
| Do you have difficulty using steps or standing up? | | |
| Do you have any of these conditions: heart disease, osteoporosis, chronic obstructive pulmonary disease (COPD), diabetes, arthritis? | | |
| Do you have poor vision and find it easier to simply press a button than use a standard telephone? | | |
| Do you use a cane for balance or walking? | | |
| Are your loved ones worried about you when you're home alone? | | |
| Is it important for you to continue living independently? | | |

| COUNT YOUR "YES" ANSWERS TO SEE IF YOU NEED A MEDICAL ALERT SYSTEM. | 0-2 Not required | 3-5 Moderate need | 6-8 Highly recommended | 9-11 Urgent need |
|--|-------------------------|-------------------------|---------------------------|---------------------|
| | Your health and living | You are at risk for a | Several factors put you | 0 |
| | situation don't require | fall or other incident. | at a high risk for a fall | high risk of an |
| | a medical alert system, | A medical alert system | or other incident. To | incident requiring |
| | but it can provide | helps ensure that aid | maintain your inde- | medical attention. |
| | peace of mind against | can get to you quickly. | pendence, a medical | A medical alert |
| | the unexpected. | | alert system is highly | system is strongly |
| | | | recommended. | advised. |

ANSWER THE FOLLOWING QUESTIONS TO DETERMINE IF A MEDICAL ALERT SYSTEM IS RIGHT FOR YOU.