



## Needs Assessment Questionnaire for a Medical Alert

1. Do you live alone?  
 Yes  No
  2. (If the answer to #1 is "no.") Are there periods of the day or week when your caregiver is away, and you are alone?  
 Yes  No
  3. Have you fallen inside or outside your residence at least one time during the past 3 years?  
 Yes  No
  4. Are there times when you feel weak or dizzy?  
 Yes  No
  5. Are you worried that you may fall and not be able to call for help?  
 Yes  No
  6. Do you worry about taking a shower or bath alone? (falling, getting ill, etc.)  
 Yes  No
  7. Do you have one or more of these ailments?
    - Arthritis
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Congestive Heart Failure (CHF)
    - Diabetes
    - Hypertension or high blood pressure
    - Low vision or visually impaired
    - Osteoporosis
    - Stroke Yes  Yes, more than 1  No
  8. Are you concerned that you may have a reaction to medication and not be able to get help? (example: insulin)  
 Yes  No
  9. Were you hospitalized or taken to the emergency room during the past 2 years?  
 Yes  No
  10. Do you use a cane, walker, wheelchair, stair climber, or other device to help you balance or walk?  
 Yes  No
  11. Are you afraid that someone may hurt you physically or break into your home?  
 Yes  No
  12. Do you feel unsafe in your neighborhood?  
 Yes  No
- Total:**  Yes  No

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ASSESSOR: \_\_\_\_\_

DATE: \_\_\_\_\_

For more information, contact:

**8 - 12 Yes answers:** This high score indicates there is a serious risk for a fall or other medical incident, suggesting that a medical alert service may be strongly advised.

**3 - 7 Yes answers:** This score indicates there is a risk for a fall or other incident, suggesting that a medical alert service would be helpful and should be considered.

**1 - 2 Yes answers:** This score indicates a medical alert service could be an important step towards maintaining independent living. Ask yourself two important questions:

1. If you fell tonight, how would you get up?
2. If you can't get up, how will you get help?