

## LOCATING DEVICE CHECK SHEET

We suggest that you use this check sheet to compare various locating devices. Make a copy for each device you are considering and leave one blank to use as a master copy. Most of these questions can be answered by the device salesperson, however, you may also want to speak to someone currently using the device.

### Device

Device type: \_\_\_\_\_

Device name: \_\_\_\_\_

Model number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

### Affordability

Purchase cost of unit: \_\_\_\_\_

Cost of replacement batteries: \_\_\_\_\_

Other costs such as monthly fees or service calls: \_\_\_\_\_

### Reliability

Has this device been independently tested?  YES  NO

If yes, where and by whom did this testing take place? \_\_\_\_\_

### *Is this device endorsed by:*

- Policing services  YES  NO
- Search and rescue units  YES  NO
- Facilities caring for persons with Alzheimer's disease  YES  NO

### *Will this device work when the person:*

- is immersed in water?  YES  NO
- is out of a specific range?  YES  NO
- is away from a pre-determined area or leaves a building?  YES  NO

### *Will this device provide an alarm when the person:*

- removes the device?  YES  NO
- falls?  YES  NO
- is near water?  YES  NO
- is immersed in water?  YES  NO
- is out of a specific range?  YES  NO
- is away from a pre-determined area or leaves a building?  YES  NO



**Does this device incorporate:**

a geofence?     a panic button?     two-way communication?

**Is the device durable?**     YES     NO

**Ease of Handling/Use**

How often does the battery need recharging and/or replacing?

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Are special skills/knowledge/training required to use, maintain and clean this device?     YES     NO

Is the system portable – i.e. is it effective when one travels on vacation?     YES     NO

Must the caregiver have knowledge of the area that the device covers?     YES     NO

Is a map required?     YES     NO

Does the technology require other equipment such as a computer, internet or cell phone?     YES     NO

If yes, what technology?

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Can the device be easily removed, lost or forgotten by the person?     YES     NO

**Service**

Is a trial period offered?     YES     NO

How long is the warranty effective?

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What does it cover?

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Is there a trade-in policy for upgrading?     YES     NO

Is there a “loaner” unit that can be quickly accessed?     YES     NO

**Wearer satisfaction**

Is the device comfortable to wear?     YES     NO

Is the device discreet?     YES     NO

Is the device acceptable to the person wearing it?     YES     NO

Notes:

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**For more information on Alzheimer’s disease, wandering and the MedicAlert® Safely Home® Program, see [www.alzheimer.ca](http://www.alzheimer.ca)**

# Alzheimer Society

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