

LOCATING DEVICE CHECK SHEET – ALZHEIMER SOCIETY

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?

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
L'aidant doit-il être familier avec le territoire que couvre l'appareil? 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?

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?

What does it cover?

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

For more information on Alzheimer's disease, wandering and the Safely Home® Program, see www.safelyhome.ca

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