



Name: _____ Age: _____
 Gender: M/F/Other
 Ethnicity: _____



Healthy Aging ASSET Index (HAAI)

Date: _____ Interviewer: _____ Location: _____

Intervention Legend	A – Activity Interventions	Lives with: _____ Marital status: S/M/W/D Identifies as visible minority: Y/N Identifies as FN, Metis, Inuk: Y/N Identifies as Newcomer: Y/N Referred by: _____
	V – Vaccination Interventions	
	O – Optimize Medication Interventions	
	I – Interaction Interventions	
	D – Diet Interventions	
	S – Social Supports (Legal/Housing)	

				At Intake	Post 6 Months
	Healthy Aging ASSETs	Current ASSETs	ASSET Plan	ASSET Score	
<i>Physical Health</i>	Physical Activity Tell me about your physical activity/exercise. How active are you able to be currently?	Purposefully active regularly Minimal activity to accomplish ADLs Home bound Bed bound	Sage Activity Programs Physiotherapist Rx to Get Active Rec Centre Pass	0 1 2 3 0 1	0 1 2 3 0 1
	Physical Health How would you say your current physical health has impacted your daily life, if at all?	No ill health effects, or easily reversed Mild effect, well managed not interfering w/ function Moderate effect, multiple providers, interfering w/ function Severe health effect, complex, impairing most activities	Refer back to PCP PCN Programs Health Navigation Dietitian Referral	2 3 3 0	2 3 3 0
	Medications How many medications are you on? Do you feel confident about why and how you're taking them?	Rx <5 medications and aware of indication Rx <5 medications; unaware of indication Rx > 5 meds; uncertain administration Rx > 5 meds; include risk prescriptions	Sage Nutrition Programming Grocery Assist Pharmacist	1 2 3 0	1 2 3 0

			Homecare Med Assist Vaccination		
	Physical Health Total			/9	/9
<i>Personal Well-being</i>	Attachment to Provider Do you have access to a primary care provider for primary care or do you need to find that care elsewhere?	Primary Provider for essentially all care Has PP, walk in/ER for some primary care Seldom sees PP, WI/ER for most PC No PP, walk in/ER for all care, no real PC	PCP Attachment Navigation Assist	0 1 2 3	0 1 2 3
	Language Does your PCP speak your language or can you understand each other?	Shared fluency in language w/ provider Some shared language/culture w/ provider No shared language; prof translator available No shared language; family or no translator	Medical Translation MCSO	0 1 2 3	0 1 2 3
	Cultural/Gender Identity Are you able to connect to supports that give you a sense of religious/cultural/gender/overall belonging?	Client is self aware and has a sense of belonging Accesses various personal supports as needed Access supports only in times of crisis Has no supports or cannot access them	Indigenous services LGBTQ2+ MCHB	0 1 2 3	0 1 2 3
	Personal Well-being Total			/9	/9
<i>Mental Health</i>	Mental Health Symptoms Are you comfortable sharing any mental health concerns? Is mental health affecting your life & wellness?	No MH illnesses, or well controlled Mild, managed, not interfering w/ function Moderate, interferes most of the time Severe, impairs activities, risk to self/others	DISSC CGP Support groups	0 1 2 3	0 1 2 3
	Mental Health Management How do you take care of your mental health? How do you cope in difficult situations?	No Mental Health illnesses Mild, stabilized, easily managed ongoing Multiple providers, coordination required Very complex, multiple providers, urgent need	CGP Community MHT PCN MHT	0 1 2 3	0 1 2 3
	Substance Use Do you ever feel that your use of substances like alcohol, drugs or marijuana has affected your wellness?	No history of, or current substance issues Mild, well managed, not interfering w/ function Active substance use, interferes with function Substance overuse, impairing all activities, risk to self	Opioid Dep Program AA Quitcore Safe Injection Sites	0 1 2 3	0 1 2 3
	Mental Health Total			/9	/9

<i>Social Support</i>	Caregiver Status Do you rely on anyone to help you with daily activities, like a friend/neighbour or family member? Are they managing?	Able to provide self-care, no caregiver Assistance available from caregiver Caregiver is overwhelmed but functioning Caregiving required, but not available	Caregivers AB CSNAT	0 1 2 3	0 1 2 3
	Financial Competence How do you manage your banking, bills etc? Do you have people or services helping you with this right now?	Competent, manages independently Competent, struggling w/ financial management, or has formal decision maker Uncertain competence, has informal decision maker only (joint bank account?) Uncertain competence, no decision maker	G/T Home supports Personal Directives	0 1 2 3	0 1 2 3
	Social Service Team Relationships (SW etc) Do you access support from any organizations? Are they people you trust?	No support relationships, or are intact & cooperative Mostly intact; at least 1 distrustful/remote Several distrustful/remote; at least 1 intact Distrust evident in all provider relationships	SW Bissell Centre OFSS Homecare	0 1 2 3	0 1 2 3
Social Support Total				/9	/9
<i>Physical Environment</i>	Housing Do you have a safe place to live? Is it affordable? Do you want to continue to live there?	Safe, supportive, stable, affordable Safe, stable, but temporary/unaffordable Safety/stability/affordability uncertain – evaluate Unsafe/unstable, homeless – urgent change needed	Housing Assessment	0 1 2 3	0 1 2 3
	Poverty Is it hard to make ends meet each month with your current income?	Secure, predictable income Difficulty making ends meet – sometimes Difficulty making ends meet – most times Difficulty making ends meet – all of the time	Financial Assessment	0 1 2 3	0 1 2 3
	Transportation How do you normally get to appointments/shopping?	Can transport self/drives or bus Uses transportation services (Drive Happiness) Dependent on others for transportation (friends) Unable to access transportation	DATS Drive Happiness	0 1 2 3	0 1 2 3
Physical Environment Total				/9	/9
<i>Safety and Security</i>	Home Safety Is your home poorly maintained or cluttered? Can you navigate it?	Home space is maintained and uncluttered Home is cluttered or has accessibility concerns Home has maintenance concerns & accessibility concerns The home presents multiple safety hazards	TFH Home Supports LTSW Homecare OT Safety Assessment	0 1 2 3	0 1 2 3
	Abuse How safe do you feel in your home? Is anyone interfering	Individual reports existence is abuse-free Individual reports interference from others Individual reports social/financial abuses	SPP Safe House	0 1 2	0 1 2

	with the safety of your money, self or property?	Individual reports physical abuse		3	3
	Home Upkeep How able are you to manage your home's upkeep and your personal tasks such as bathing, cooking, laundry & cleaning?	Individual reports managing all upkeep activities Individual reports unable to manage 1 activity Individual reports unable to manage 2 activities Individual reports unable to manage 3 activities		0 1 2 3	0 1 2 3
Safety & Security Total				/9	/9
<i>Social/Engagement</i>	Isolation Is there a community you are close with? Are you able to be with that group as much as you wish?	Actively involved in community Some involvement, but barriers (ie; travel) Socially isolated; lacks knowledge No community involvement; unmotivated to participate	Life Enrichment SCWW Virtual Programming	0 1 2 3	0 1 2 3
	Community Participation Tell me how you are involved with family, friends or work/volunteering.	Participates in family/work/friend domains Restricted participation in 1 domain Restricted participation in 2 domains Restricted participation in all 3 domains	Volunteer Services ECVO	0 1 2 3	0 1 2 3
	Readiness to Change How ready are you to make changes in your life to improve your overall health?	Ready/interested in tx; active cooperation Unsure/ambivalent, willing to cooperate Major disconnect w/ proposed tx; passivity Major disconnect; defiant/won't negotiate		0 1 2 3	0 1 2 3
Social/Engagement Total				/9	/9
Total Score				/63	/63

AVOID Intervention Acronym Legend:

PCP/PCN – Primary Care Provider/Network
SPP – Seniors Protection Partnership (senior abuse)
SW – Social Work
MCSO – Multicultural Seniors Outreach
MCHB – Multicultural Health Brokers
DISSC – Drop-in Single Session Counselling
CGP – Community Geriatric Psychiatry
CSNAT – Caregiver Support Needs Assessment Tool

SCWW – Seniors Centre Without Walls
OFSS – Operation Friendship Seniors Services
DATS – Disabled Transit System
TFH – This Full House (compulsive hoarding program)
LTSW – Long Term Social Work
ECVO – Edmonton Community Volunteers Organization
AA – Alcoholic's Anonymous
ODP – Opioid Dependence Program
G/T – Guardianship and Trusteeship Program