



Healthy Aging ASSET Index (HAAI)

Date: _____ Interviewer: _____

Intervention Legend

- A – Activity Interventions
- V – Vaccination Interventions
- O – Optimize Medication Interventions
- I – Interaction Interventions
- D – Diet Interventions
- S – Social Supports (Legal/Housing)

	Healthy Aging ASSETs	Current ASSETs	ASSET Plan	At Intake	Post 6 Months
Physical Health	Physical Activity Tell me about your physical activity. Would you like to be more active, or are you okay with how you are now?	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 2 3
	Physical Health Symptoms Has your physical health had an effect on your life activities?	None, or easily reversed Mild, managed, not interfering w/function Moderate, interfering w/function Severe, impairing most activities	Refer back to PCP PCN Programs Health Navigation Dietitian Referral Sage Nutrition Programming Grocery Assist	0 1 2 3	0 1 2 3
	Physical Health Management Do you have the right support to manage your physical health? If not, how have you been adapting? What keeps you going?	No concerns Stabilized w/ongoing care Multiple providers, coordination required Very complex, unclear dx, urgent needs		0 1 2 3	0 1 2 3

Personal Well-being	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	Pharmacist Homecare Med Assist Vaccination	0 1 2 3	0 1 2 3
	Attachment to Provider Do you have a comfortable relationship with a primary care provider? Have you been able to stay out of the ER?	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 Are you able to communicate with your PCP in a common language?	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 What supports can you access to ensure you are able to be fully yourself in your life?	Client is personally self-aware; gives and receives support easily Accesses cultural/gender 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
Mental Health	Mental Health Symptoms Are you comfortable sharing any mental health concerns? How much is your life affected by your mental health?	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 Do you have the right support to manage your mental health? If not, how have you been adapting? What keeps you going?	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 use substances regularly?	No history of, or current substance issues Mild, managed, not interfering w/ function Moderate, interferes with function Severe, impairing all activities, risk to self	Opioid Dep Program AA Quitcore Safe Injection Sites	0 1 2 3	0 1 2 3
	Substance Management Does your substance use affect your life, or do you use substances to cope?	No substance use concerns History of substance use, addressed/stable Active, not stabilized Severe active overuse, impairs activities		0 1 2 3	0 1 2 3

Social Support	<p>Caregiver Status Are there any special people in your life you can depend on? How do they support you, how often do you need them? Do you need more help?</p>	<p>Able to provide self-care, no caregiver Assistance available from caregiver Caregiver is overwhelmed but functioning Caregiving required, but not available</p>	<p>Caregivers AB CSNAT</p>	<p>0 1 2 3</p>	<p>0 1 2 3</p>
	<p>Financial Competence Are you able to manage your own banking, bills etc? If not, do you have people or services helping you with this right now?</p>	<p>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</p>	<p>G/T Home supports Personal Directives</p>	<p>0 1 2 3</p>	<p>0 1 2 3</p>
	<p>Social Service Team Relationships (SW etc) What organizations or programs have been helpful to you now or in the past? Do you know people you trust?</p>	<p>No 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</p>	<p>SW Bissell Centre OFSS Homecare</p>	<p>0 1 2 3</p>	<p>0 1 2 3</p>
Physical Environment	<p>Housing Do you have a safe place to live? Is it affordable? Do you want to continue to live there?</p>	<p>Safe, supportive, stable, affordable Safe, stable, but temporary/unaffordable Safety/stability/affordability uncertain – evaluate Unsafe/unstable, homeless – urgent change needed</p>	<p>Housing Assessment</p>	<p>0 1 2 3</p>	<p>0 1 2 3</p>
	<p>Poverty Is your income source stable? Do you have any savings?</p>	<p>Secure, predictable income Difficulty making ends meet – sometimes Difficulty making ends meet – most times Difficulty making ends meet – all of the time</p>	<p>Financial Assessment</p>	<p>0 1 2 3</p>	<p>0 1 2 3</p>
	<p>Transportation How do you normally get to appointments/shopping?</p>	<p>Can transport self/drives Uses transportation services Dependent on others for transportation Unable to access transportation</p>	<p>DATS Drive Happiness</p>	<p>0 1 2 3</p>	<p>0 1 2 3</p>
Safety and Security	<p>Home Safety Tell me about your home. Is there anything about it that concerns you? (unsafe/clutter)</p>	<p>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</p>	<p>TFH Home Supports LTSW Homecare OT Safety Assessment</p>	<p>0 1 2 3</p>	<p>0 1 2 3</p>
	<p>Abuse How safe do you feel in your home? Is anyone interfering with the safety of your money, self or property?</p>	<p>Individual reports existence is abuse-free Individual reports interference from others Individual reports social/financial abuses Individual reports physical abuse</p>	<p>SPP Safe House</p>	<p>0 1 2 3</p>	<p>0 1 2 3</p>

Social/Engagement	Isolation Is there a community you are close with now or in the past? How do you stay connected, or what keeps you apart?	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 engaged does the individual appear to the examiner?	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
	Total Score			/66	/66

AVOID Intervention Acronym Legend:

PCP – Primary Care Provider

PCNs – Primary Care Networks

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

SPP – Seniors' Protection Partnership (senior abuse)

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

SCWW – Seniors Centre Without Walls