



Non-Medical Home Supports

Client-Level Data Collection Guide



A network of
community allies
for older adults.

Welcome

Healthy Aging Alberta (HAA) and PolicyWise for Families & Children (PolicyWise) thank you for your effort to align your data collection activities with the common approach outlined in this Guide. We have collaborated with many community partners to arrive at this data collection approach. With this Data Collection Guide in hand, and with some help from HAA and PolicyWise along the way, we hope aligning your organization's data collection activities is as straightforward as possible.

Summary

- Collecting data in a consistent way helps us to tell a compelling story of impact.
- We ask that you adopt a short set of questions into your client assessment activities.
- We ask that you adopt the response options exactly as they are worded.
- There are five recommended steps you might follow in adopting the questions.
- You can receive support at any time from the Non-Medical Home Supports Project Manager.

Key Changes in this Version

- Clarification to who data should be collected from and when
- New approaches to data collection for short-term and one-time programs
- A new approach to data collection for transportation programs
- Updated response options for most Demographic questions
- Updated response options for most Outcome Measure
- A new Appendix that supports building service provider and client comfort with administration of the questions

1. Introduction

Guide Purpose

This guide aims to support Non-Medical Home Support (NMHS) organizations in the collection and reporting of qualitative and quantitative data to support funder requirements and program evaluation. The Data Collection Guide (DCG) supports organizations to measure outcomes achieved with older adult clients receiving non-medical home support programs and services across Alberta. Overall, the goal in creating this guide has been to make the data collection process as easy and efficient as possible for both clients and staff. By following the DCG and collecting data in a consistent way, the sector can use the information to tell a compelling story about the impact of non-medical home support programs and services. This is a living document that will be updated as needed.

Guide Development

This DCG was developed through a thoughtful process. One of the most important considerations has been balancing the needs for data collection with the challenges providers face in collecting this information. It is important for the data collection to not put undue stress or pressure on the provider – client relationship. Other considerations included:

- Alignment with HAA's Healthy Aging Framework.
- Alignment with the information community-based organizations already collect.
- Learnings from previous and ongoing HAA programmatic initiative evaluation activities.
- Further engagement with NMHS project representatives.

Intended Use and Users

The DCG is for program staff engaged in providing non-medical home supports to measure the impact their program is having on the clients they serve. This Guide is intended to support you to adapt a) the questions you already ask, b) the tools you use to collect information, and c) the time-points in which you use your data collection tools with your clients.

Where possible, the questions should be embedded in the program's current client assessment processes. The questions can be used to support the provider-client relationship by helping to enhance the provider's understanding of client's needs, the progress they are making on strengthening their determinants of health, and what the next steps in their support might be.

If your organization is delivering multiple programs using NMHS program funding, you will need to work through this guide to define the data collection approach for each of your programs. As you will see, the questions you chose to ask your participants may be different for each of your programs, and data collection looks different for different program types.

The Healthy Aging Framework

HAA's Healthy Aging Framework provides a shared language and way of understanding the work that CBSS organizations do. It is a tool for organizing the programs and services of seniors serving organizations to support an integrated, community-based, and person-centred approach to aging in Alberta. Two components of the Health Aging Framework have been integrated into the Evaluation Framework to ensure and demonstrate alignment between what community-based organizations do and how their impact is measured. These two components are *Determinants of Health Aging* and the *Impact Areas*, both of which are defined in Appendix 1. More information on the Healthy Aging Framework can be found on [Healthy Aging CORE Alberta](#).

Evaluation Framework – Client Data Collection

As a practical tool, the client-level data collection evaluation framework (Appendix 2) assists programs in understanding which questions you should ask your clients, the type of assessment

tool you should include the question in, and the frequency in which you should ask the questions to your clients.

2. Client-Level Data Collection

Overview

This section presents the questions you should ask, how frequently you should ask them, where to store the collected data, and the steps you might take to integrate the data collection approach into your current client assessment process.

Summary of Client-Level Data Collection by Program Types

To determine the appropriate client-level data collection approach, you will first need to classify your programs as either **Comprehensive**, **Short-Term**, **One-Time**, or **Transportation**. While Transportation programs are typically more straightforward to categorize, distinguishing between Comprehensive, Short-Term, and One-Time programs may be more challenging. Table 1 offers guidance to help you make this decision. Even with this framework, you might still find that a program could potentially fit into one category or another. Ultimately, you are encouraged to use your discretion when making the final classification.

More details are provided to support you in understanding and implementing the client-level data collection for each Program Type in the following sections.

Table 1. Summary of Program Types in Client-Level Data Collection

	Program Type		
	Comprehensive	Short-Term	One-Time
Description	<ul style="list-style-type: none"> Service providers have multiple or ongoing interactions with clients over a medium- or long-term time period Programs and services that don't have a defined end date 	<ul style="list-style-type: none"> Service providers have multiple interactions with clients over a short-term time period Programs and services that may be offered in a series and typically have a defined start and end date 	<ul style="list-style-type: none"> Service providers have episodic, or limited one-time interactions with older adults, typically lasting less than one day
Examples	<ul style="list-style-type: none"> Snow and Mow Case Management 	<ul style="list-style-type: none"> 6-Week Yoga Class 4-Week Art Class 	<ul style="list-style-type: none"> Tax filing clinic Afternoon Tea Navigation phone calls where an older adult is seeking information

Time-Points for Assessment	<ul style="list-style-type: none"> • At Intake • Check-in (6-months) • At Closing/Exit 	<ul style="list-style-type: none"> • At the end of the program 	<ul style="list-style-type: none"> • At the end of the interaction/event or program
Scope of Assessment	<ul style="list-style-type: none"> • Demographics • Outcomes • Program Improvement 	<ul style="list-style-type: none"> • Demographics • Outcomes 	<ul style="list-style-type: none"> • Number of participants
Scope of Outcomes Collected	<p>Comprehensive Programs adopt the prescribed measures in all of the following outcome categories:</p> <ul style="list-style-type: none"> • Isolation and Loneliness • Physical Wellbeing • Mental Wellbeing • Quality of Life • Access to Services and Support • Hospital Use 	<p>Short-Term Programs choose at least two outcome measures you feel are most appropriate for your program. A short list of options is provided to select from. Options are provided across the outcome categories listed in the column to the left.</p>	<p>One-Time Programs are not required to collect outcome measures. If you chose to include outcomes measures in your data collection you are able to include them with your data submission. Feel free to choose the outcomes measure options we provide for Short-Term Programs.</p>

Question Types and Time-Points for Data Collection by Program Type

Comprehensive Programs

The Comprehensive program assessment contains questions that are asked by program staff or volunteer to an older adult who is accessing a program or service. There are **five types** of questions to include in the assessment of comprehensive programs. These question types are Services Being Accessed, Demographics, Outcome Measures, Program Improvement, and Closing. The question types and the recommended time-points for collection for comprehensive programs are summarized below in Table 2.

Table 2: Comprehensive Program Question Types and Time-Points for Data Collection

Question Type	Description	Time-Points
Services Being Accessed	To understand the types of services you are providing to home supports clients	<ul style="list-style-type: none"> • Intake • Exit
Demographics	To understand who you are serving and if there are differences in the impact your program has on people in different circumstances	<ul style="list-style-type: none"> • Intake
Outcome Measures	To understand your clients’ needs, progress, and next steps, and to measure the impact of your program on client health and wellbeing	<ul style="list-style-type: none"> • Intake • Check-in (6 months) • Exit

Program Improvement	To gather client feedback on how you might improve your program	<ul style="list-style-type: none"> • Exit
Closing	To understand why your clients were unable to complete an exit assessment	<ul style="list-style-type: none"> • Closing

Collecting Outcome Measures at three time points in the client’s journey is the minimum number of time points required to be confident in determining a trend in a client’s progress. The suggested time periods for collecting data in comprehensive programs are described in Table 3.

Table 3. Comprehensive Program Data Collection Time-Point Descriptions

Time Period	Description
Intake	<p>This information is collected during the beginning of the client’s journey with your organization. Intake assessment questions can take multiple visits to complete. It is perfectly fine if the intake assessment isn’t completed during the first visit with each client. Depending on individual client needs it may take up to 8 weeks or 3 contacts with a client to complete the assessment.</p> <p><i>Existing Clients:</i> To establish baseline data for existing clients that your organization may be working with, intake forms should be completed for any existing clients who may be new to the program or service that you are delivering through this project.</p>
Check-in Assessment (6 months)	This information can be collected through tools used for assessment and care planning. It is collected when the client has been receiving services or attending a program for a period of time. Many programs will complete multiple Check-in’s with the same client.
Exit*	<p>“Exit” is used to reflect when a provider is able to have a final meeting with the client. This information can be collected through tools used to support reflection with the client at the end of their journey with your program.</p> <p>Many clients accessing non-medical home support programs don’t “stop” needing the program or service; therefore an “Exit” may not be used as frequently as a check-in for many programs.</p>
Closing*	“Closing” is used to reflect when the provider is unable have a final meeting with the client. This information helps to understand, if known, why the program was unable to connect with the client to collect the “Exit” information. This is most often used if an individual has passed away, moved, or you have lost contact with them.
<p>*Note: If a client were to end their journey with your program within three months after their 6-Month Assessment, there is no need to repeat the Outcomes Measures questions at Exit or Closing. However, the program improvement questions should still be asked. If the client’s journey ends longer than three months after their 6-Month Assessment, the entire Exit or Closing Assessment should be completed.</p>	

The comprehensive assessment questions should be embedded in your program’s current client assessment processes. This is not meant to be a stand-alone evaluation activity. In addition to helping your program and the sector understand our impact, the questions can be used to support the provider - client relationship by helping to enhance the provider’s understanding of client needs, the progress clients are making on strengthening their

determinants of health, and what the next steps in their care support might be. The questions to ask for comprehensive programs are broken out by time period and are described in Appendix 3. Printable copies of the assessment forms are available on [SharePoint](#).

Short-Term Programs

The Short-Term program assessment is a survey that older adults are invited to complete. There are **two types** of questions to include in the assessment of short-term programs. These question types are Demographics and Outcome Measures. The question types and the recommended frequency of collection are summarized below in Table 4.

Table 4: Short-Term Program Question Types and Time-Points for Data Collection

Question Type	Description	Time-Points
Services Being Accessed	To understand the services that are being accessed by a client	<ul style="list-style-type: none"> At the end of the event, program, or interaction
Demographics	To understand who you are serving and if there are differences in the impact your program has on people in different circumstances	<ul style="list-style-type: none"> At the end of the program
Outcome Measures	To understand your clients' needs, progress, and next steps, and measure the program's impact on your clients' health and wellbeing	<ul style="list-style-type: none"> At the end of the program

The suggested time periods for collecting data in short-term programs are described in Table 5.

Table 5. Short-Term Program Data Collection Time-Point Descriptions

Time Period	Description
At the end of the program	This information is collected when the program ends. For example, you may collect this information at the last session of a 6-week program.

You are asked to select the two measures you find most appropriate for your program(s) from a set of options. The questions you can consider asking for short-term programs, along with a suggested survey template, can be found in Appendix 4. Editable copies of the survey template are available on [SharePoint](#).

One-Time Programs

One-time programs do not have an assessment tool or survey that needs to be completed. Instead, there are two metrics that are captured for each one-time program, event, or interaction. The Service Being Accessed (program type) and the Number of Participants.

Table 6: One-Time Program Data Question Types and Time-Points for Data Collection

Metric	Description	Time-Point
Services Being Accessed	To understand the services that are being accessed by a client	<ul style="list-style-type: none"> At the end of the event, program, or interaction
Number of Participants	To understand how many clients are accessing the service.	<ul style="list-style-type: none"> At the end of the event, program, or interaction

The suggested time period for collecting data in one-time programs is described in Table 7.

Table 7. One-Time Program Data Collection Time-Period Descriptions

Time Period	Description
At the end of the program	<p>This information is collected when the program, event, or interaction ends. For example, you may keep a tally of the number of navigation phone calls received by a senior’s support worker over a one month time period.</p> <p>Service Accessed: Systems Navigation and Supported Referral Number of Participants: 28</p>

A template to capture one-time program metrics can be found in Appendix 5 and in [SharePoint](#).

Transportation Programs

Organizations that are providing transportation as one of their non-medical home supports have additional data that needs to be collected on a monthly basis for these programs. The purpose of collecting this data is to provide a more fulsome picture of the number of older adults being supported by Healthy Aging Alberta’s Service Delivery Models (Non-Medical Home Supports and Provincial Assisted Transportation). The table below shows the data that needs to be captured. This data is entered into Salesforce using the **Transportation data collection form**. For more information on how to enter this data into Salesforce please refer to the [Transportation Salesforce User guide](#).

Table 8. NMHS Transportation: Monthly Data Reporting

Category	Definition	Examples
Number of unique riders	Total number of unique riders (individuals) who accessed your transportation program in the month.	An individual may receive more than one ride from your organization in a month. Each individual is counted once.
Number of rides	Each individual transported is considered one ride.	A bus transporting 5 people would be considered 5 rides. A round trip is considered one ride.
Number of rides: in town	Rides within the town, municipality, or region considered to be local.	

Number of rides: out of town	Rides outside the town, municipality, or region considered to be local.	
Number of rides by reason: medical	Rides for all medical purposes.	Includes clinic, family doctor, hospital, pharmacy, specialist appointments, etc.
Number of rides by reason: non-medical	Rides for social purpose and basic needs.	Includes groceries, recreation programs, social gatherings, shopping, post office, etc.

Storing and Managing Collected Data

The client-level data that is collected should be entered into Salesforce. Salesforce is a cloud-based Client Record Management system. Healthy Aging Alberta is using Salesforce as the platform to collect and analyze the data received from partner organizations. The platform allows HAA to bring all partner data together in one place. With Salesforce you will be able to see all the data that you upload, make changes to individual client records, view dashboards of the data you have uploaded, and download reports containing your data. For further information on how to use Salesforce for your client-level data, please see the [Home and Community Supports Salesforce User Guide](#).

3. Four Steps to Align your Client Assessment Approach

The Four Steps

Suggested here are four steps to follow to align your current data collection approach with the approach described in this guide. Although there are only four steps, this activity can be quite challenging for programs to complete. There are many decisions to make, and it is best to work through each step one at a time.

1. **Review your existing data collection approach.** Identify the **Program Type** and points of commonality with the data collection time points. Integrate the assessment questions into your existing tools and consider removing any overlapping questions and replacing them with an equivalent question provided in this guide.
2. **Consider how you inform your clients about the data you need to collect.** Review and if necessary, update the process you use to tell your clients about informed consent, privacy, and confidentiality.
 - Let clients know about the types of information that will be collected, who has access to it, and how it will be used. If they are a client in a Comprehensive Program, be up-front that they will be asked to provide assessment data multiple times during their journey with the program.
 - Use a consent process that is voluntary and explicit. Options for indicating consent can include providing a check-box for the participant to check, or by

stating that completing the assessment is an indication that they consent to their information being used as described.

- Make sure clients know that choosing not to participate in data collection activities will not impact their ability to access any program services and supports.
3. ***Integrate the questions into your existing practice.*** If you have your own surveys, forms, or other data collection tools, you can review these and then edit by adding in the questions that you need to from the appendices for comprehensive programs (Appendix 3), short-term programs (Appendix 4), and one-time programs (Appendix 5). Each of these appendices also include a form template you can adopt and edit if that works better for you. Organizations with their own database or client data management system will want to consider adding the additional questions to their database. All client-level data for this project is collected and stored in Salesforce. Organizations without their own database will be able to access their data in Salesforce.
4. ***Train and support your staff through the change.***
- Consider communicating with staff about the importance of these changes for demonstrating the value of your services to your clients and program funders.
 - Consider any training that might be helpful for staff to feel more comfortable in asking the questions and responding to the answers provided by their clients. This includes understanding how answers to the questions can provide information that is helpful for understanding client needs.
 - See Appendix 6 for some tips on building client comfort with being asked the demographic, assessment, and program improvement questions.

4. Feedback

We want your specific feedback on the Data Collection Guide! Please complete the form linked below to let us know how we can improve.

<https://forms.office.com/r/4SCcCH2ixh>

5. Support

If you would like one-on-one support at any point in this process, please reach out to Lauren.

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Healthy Aging Alberta
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Phone: 403-410-1833

Appendix 1: Healthy Aging Framework

The Healthy Aging Framework includes six Determinants of Health Aging, and 12 Impact Statements. More information on the Healthy Aging Framework can be found [here](#).

Determinant of Healthy Aging	Impact Statements
Personal Wellbeing	Increased ability to cope with challenges and life transitions
	Increased access to information, programs, services, and supports to manage the activities of daily living
	Increased capacity to live independently by enhancing physical wellness
	Increased sense of meaning, purpose, and connection to the larger world
Physical and Mental Health	Increased capacity to live independently by enhancing mental wellness
	Increased capacity to live independently by enhancing physical wellness
	Increased engagement in creative pursuits and intellectually stimulating activities to keep the mind alert and interested
Physical Environment	Increased ability to reside in the place that is appropriate for one's circumstances
Safety and Security	Increased capacity to maintain personal safety, security, and the integrity of personal decisions as one ages, and personal circumstances change
Social Environment and Engagement	Increased inclusion and access for Indigenous, marginalized, racialized, and/or low-resources older adults
	Increased sense of meaning, purpose, and connection to the larger world
	Increased sense of purpose, belonging, and ability to cope with change and life transition
	Reduced risk of isolation and loneliness
Social Support	Increased ability to balance personal wellbeing with the role of a care partner
	Increased access to information, programs, services, and supports to manage activities of daily living

Appendix 2: HAA Programmatic Initiatives Evaluation Framework- Client Data Collection

Evaluation Questions	HAF Determinants of Healthy Aging	Anticipated Outcomes (HAF Impact Areas)	Indicators	Program Type	Core Measure(s)	Data Source	Frequency
To what extent, and in what ways, is the NMHS project making progress towards achieving anticipated outcomes for older adults?	Personal Wellbeing	1. Increased access to information, programs, services, and supports to manage activities of daily living.	Older adults report improvement in their knowledge and skills.	One-Time & Short-Term	Because of this program, I know more about the services and help I can get in my community.	Client Survey/Form	After Program Completion
					Because of this program, I better understand how to get the help and services I need.	Client Survey/Form	After Program Completion
				Comprehensive	In general, I am aware of the services and supports available to me.	Client Assessment Survey/Form	At Intake, Check-in, and Exit
					I am able to access the services and supports I need.	Client Assessment Survey/Form	At Intake, Check-in, and Exit
	Physical and Mental Health	2. Increased capacity to live independently by enhancing mental wellness.	Older adults report improvement in their self-reported mental wellbeing.	One-Time & Short-Term	Because of this program, I feel more able to bounce back after experiencing stressful situations.	Client Survey/Form	After Program Completion
					Because of this program, I feel happy or content more often during the day.	Client Survey/Form	After Program Completion
				Comprehensive	How often in the last few months have you been bothered by low feelings, stress, or sadness?	Client Assessment Survey/Form	At Intake, Check-in, and Exit
		3. Increased capacity to live independently by enhancing physical wellness.	Older adults report improvement in their self-reported physical wellbeing.	One-Time & Short-Term	Because of this program, I have more energy to do the things I enjoy.	Client Survey/Form	After Program Completion
					Because of this program, I feel physically stronger.	Client Survey/Form	After Program Completion
				Comprehensive	Because of this program, I feel more confident in my ability to care for my body and stay healthy.	Client Survey/Form	After Program Completion
	Social Environment and Engagement	4. Reduced risk of isolation and loneliness.	Older adults report greater contentment with their connections.	One-Time & Short-Term	Because of this program, I feel more connected with others.	Client Survey/Form	After Program Completion
					Because of this program, I have more opportunities to spend time with others.	Client Survey/Form	After Program Completion
				Comprehensive	How content are you with your connections?	Client Assessment Survey/Form	At Intake, Check-in, and Exit
		5. Increased sense of meaning, purpose, and connection to the larger world.	Older adults report improvement in their quality of life.	One-Time & Short-Term	Because of this program, I feel more positive about my future.	Client Survey/Form	After Program Completion
					As a result of participating in this program, I feel I have more meaning and purpose in my life.	Client Survey/Form	After Program Completion
Comprehensive	How would you rate your quality of life?	Client Assessment Survey/Form	At Intake, Check-in, and Exit				

Evaluation Questions	HAF Determinants of Healthy Aging	Anticipated Outcomes (HAF Impact Areas)	Indicators	Program Type	Core Measure(s)	Data Source	Frequency
To what extent, and in what ways, is the NMHS project making progress towards achieving anticipated outcomes for older adults?	Safety and Security	6. Increased capacity to maintain personal safety, security, and the integrity of personal decisions as one ages, and personal circumstances change.	Older adults report having greater control over the decisions that impact their lives.	One-Time & Short-Term	Because of this program, I feel safer in my home and community.	Client Survey/Form	After Program Completion
					Because of this program, I feel more in control of the choices that affect my life.	Client Survey/Form	After Program Completion
					Because of this program, I feel better at making choices and deciding what works best for me.	Client Survey/Form	After Program Completion
				Comprehensive	I feel I have control over my life.	Client Assessment Survey/Form	At Intake, Check-in, and Exit
To what extent, and in what ways, is the NMHS project supporting progress towards achieving our anticipated outcomes related to system-level change?		5. There is less reliance on formal health systems	Older adults report they have reduced the frequency of their visits to the emergency room. Older adults report they have reduced the frequency of their admissions to the hospital and decrease their length of stay when admitted.	Comprehensive	Thinking about the past 6 months, have you needed to go to the emergency room? If yes, how many times?	Client Assessment Survey/Form	Intake 6 Months Closing
					Comprehensive	Thinking about the past 6 months, how many times were you admitted to the hospital?	Client Assessment Survey/Form
						Think about when you have been admitted to the hospital over the past 6 months, how many days were you admitted in total?	Client Assessment Survey/Form

Table 1. Evaluation Framework Components

Component	Description
Evaluation Questions	The questions that help focus the evaluation related to the priorities and needs of its stakeholders.
Determinants of Healthy Aging	Identified in the Health Aging Framework – Six inter-related categories that identify the things that determine a person’s ability to remain healthy as they age.
Impact Areas	Identified in the Health Aging Framework – The things the seniors serving sector think will change overall as a result of the work they do.
Indicators	The types of information the program can collect to understand if they are achieving their outcomes.
Program Type	The program types described in this Guide in Section 2 – Client-Level Data Collection.
Measures	The question that can be asked, or the data that can be collected, to assess progress on the indicators.
Data Source	The tool or activity that will be used to collect the measures.
Frequency	How often the tool or activity will be implemented.

Appendix 3: Comprehensive Program Assessment Questions

This appendix includes sample client assessment forms for an intake assessment, check-in assessment, exit assessment, and closing assessment. There is also a section at the end where we provide additional clarification of questions that organizations have previously identified as being unclear. You can download copies of these forms to use with you clients from the [Project SharePoint site](#).

Sample: Intake Assessment

Unique Client ID:	Date of Assessment:
If no Unique Client ID please complete the fields below	
Client First Name Initial:	Client Last Name Initial:
Day of Client's Birthdate:	
Services Being Accessed	
Please check all services being accessed	
<input type="checkbox"/> Housekeeping <input type="checkbox"/> Education/Recreation Programs <input type="checkbox"/> Transportation <input type="checkbox"/> Systems Navigation and Supported Referral	<input type="checkbox"/> Meal Preparation/Delivery <input type="checkbox"/> Assistance with Grocery Shopping <input type="checkbox"/> Social Connection Programming <input type="checkbox"/> Home Maintenance <input type="checkbox"/> Social Contact and Companionship <input type="checkbox"/> Other Services Accessed, please specify:
Demographics	
Referral Source:	
<input type="checkbox"/> Community Organization or System Partner <input type="checkbox"/> Healthcare: PCN, GP, Hospital, AHS, Home Care <input type="checkbox"/> Friend, family member, community member <input type="checkbox"/> Self <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer	
Age Category:	Gender:
<input type="checkbox"/> Under 50 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75-79 <input type="checkbox"/> 80-84 <input type="checkbox"/> 85-89 <input type="checkbox"/> 90+ <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Gender Diverse (LGBTQ2s+) <input type="checkbox"/> Another gender not specified: _____ <input type="checkbox"/> Prefer not to answer
Do you identify/consider yourself:	What is your marital status?
<input type="checkbox"/> Black	<input type="checkbox"/> Married/Common-law

<input type="checkbox"/> East Asian <input type="checkbox"/> Indigenous <input type="checkbox"/> Latin American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Southeast Asian <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Multiple ethnicities <input type="checkbox"/> Member of a Racialized Community, but do not wish to identify <input type="checkbox"/> Another ethnicity of ethnicities not listed, please specify: _____ <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Involuntary Separation (i.e., no longer able to live with partner) <input type="checkbox"/> Single, never married <input type="checkbox"/> Prefer not to answer
<p>Who do you live with?</p> <input type="checkbox"/> Live alone <input type="checkbox"/> Live with roommates <input type="checkbox"/> Live with spouse/partner <input type="checkbox"/> Supportive living (i.e., Senior's Lodge) <input type="checkbox"/> Live with dependents (Dependent: someone who relies on another person for financial support or care; e.g., children under 18 years of age but up to 24 for full-time students, elderly parents, people with disabilities) <input type="checkbox"/> Live with immediate family (e.g., adult children over 18, who are not dependents) <input type="checkbox"/> Currently experiencing homelessness <input type="checkbox"/> Another living arrangement not listed, please specify: _____ <input type="checkbox"/> Prefer not to answer	<p>What is your best estimate of your total personal income, before taxes and deductions, from all sources during the past calendar year (Line 1500 of tax return)?</p> <input type="checkbox"/> No income <input type="checkbox"/> Under \$34,000 <input type="checkbox"/> \$34,001 - \$50,000 <input type="checkbox"/> \$50,000+ <input type="checkbox"/> Prefer not to answer
<p>Do you have access to reliable and affordable transportation?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<p>Do you have a consistent primary healthcare provider?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Outcome Measures	
<p>Isolation and Loneliness</p> <p>In general, would you agree that you are content with your connections? This refers to things like family, friends, cultural*, and spiritual connections in community? (Select one)</p> <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Provider: It is not appropriate for me to ask my client this question at this time. (e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention). <input type="checkbox"/> Provider: The client did not want to answer this question at this time. <p><small>*Note: Culture means cultural background, heritage, or any other cultures that are significant to the client. This could mean their Ethnic and National Groups, Indigenous Groups, Religious Groups, Language-Based Groups, Regional or Local Cultural Groups, Diaspora Groups, or any other culture they identify.</small></p>	

Physical & Mental Wellbeing, Quality of Life

In general, how would you rate your physical health? This refers to things like physical fitness, and freedom for physical symptoms of illness such as pain and discomfort. (Select one)

- Excellent
- Good
- Fair
- Poor
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

How often in the last few months have you been bothered by low feelings, stress, or sadness? (Select one)

- Never
- Rarely
- Sometimes
- Often
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

How would you rate your overall quality of life? This refers to things like the ability to enjoy life, get along with family members, and satisfaction with living conditions. (Select one)

- Excellent
- Good
- Fair
- Poor
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

Capacity to Maintain Personal Safety, Security, & Integrity

In general, would you agree that you have a sufficient level of control over your life? This refers to having the power and ability to make the decisions that shape your life. (Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: Not applicable - this client has a designated person to make decisions on their behalf.
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

*Note: Control over life involves being able to manage day-to-day activities, make important personal decisions, and set and achieve goals. For seniors, having control over their lives can mean being able to decide where they live, how they spend their time, what they eat, who they interact with, and how they manage their health care.

Access to Services and Supports

In general, would you agree that you are aware of the services and supports available to you.

(Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

In general, would you agree that you are able to access the community services and supports you need. (Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

Hospital Use

I'd like to get a sense of how frequently you need to go to the emergency room or hospital.

Thinking about the past six months, have you been hospitalized?

- Yes
- No

If yes, how many times ____.

If yes, how many total days ____.

- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

*Note: Hospitalization happens when a patient needs care, observation, or treatment that can't be provided outside of a hospital. This could be due to a serious illness, the need for surgery, or ongoing monitoring. A patient might be admitted to stay in the hospital for one or more nights, or they could come in for a day surgery or treatment and leave the same day.

Thinking about the past six months, have you needed to go to the emergency room?

- Yes
- No

If yes, how many times ____.

- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

*Note: Emergency room visit means visiting the hospital's emergency department to receive immediate medical attention for urgent or severe health issues.

Sample: Check-In Assessment

Unique Client ID:	Date of Assessment:
If no Unique Client ID please complete the fields below	
Client First Name Initial:	Client Last Name Initial:
Day of Client's Birthdate:	
Outcome Measures	
<p>Isolation and Loneliness</p> <p>In general, would you agree that you are content with your connections? This refers to things like family, friends, cultural*, and spiritual connections in community? (Select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Provider: It is not appropriate for me to ask my client this question at this time. (e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention). <input type="checkbox"/> Provider: The client did not want to answer this question at this time. <p><small>*Note: Culture means cultural background, heritage, or any other cultures that are significant to the client. This could mean their Ethnic and National Groups, Indigenous Groups, Religious Groups, Language-Based Groups, Regional or Local Cultural Groups, Diaspora Groups, or any other culture they identify.</small></p>	
<p>Physical & Mental Wellbeing, Quality of Life</p> <p>In general, how would you rate your physical health? This refers to things like physical fitness, and freedom for physical symptoms of illness such as pain and discomfort. (Select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Provider: It is not appropriate for me to ask my client this question at this time. (e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention). <input type="checkbox"/> Provider: The client did not want to answer this question at this time. <p>How often in the last few months have you been bothered by low feelings, stress, or sadness? (Select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Provider: It is not appropriate for me to ask my client this question at this time. (e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention). <input type="checkbox"/> Provider: The client did not want to answer this question at this time. <p>How would you rate your overall quality of life? This refers to things like the ability to enjoy life, get along with family members, and satisfaction with living conditions. (Select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent <input type="checkbox"/> Good 	

- Fair
- Poor
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

Capacity to Maintain Personal Safety, Security, & Integrity

In general, would you agree that you have a sufficient level of control over your life?* This refers to having the power and ability to make the decisions that shape your life. (Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: Not applicable - this client has a designated person to make decisions on their behalf.
- Provider: It is not appropriate for me to ask my client this question at this time.

*Note: Control over life involves being able to manage day-to-day activities, make important personal decisions, and set and achieve goals. For seniors, having control over their lives can mean being able to decide where they live, how they spend their time, what they eat, who they interact with, and how they manage their health care.

Access to Services and Supports

In general, would you agree that you are you aware of the services and supports available to you. (Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

In general, would you agree that you are able to access the community services and supports you need. (Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

Hospital Use

I'd like to get a sense of how frequently you need to go to the emergency room or hospital. Thinking about the past six months, have you been hospitalized?

- Yes
- No

If yes, how many times ____.

If yes, how many total days ____.

- Provider: It is not appropriate for me to ask my client this question at this time.

(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).

Provider: The client did not want to answer this question at this time.

*Note: Hospitalization happens when a patient needs care, observation, or treatment that can't be provided outside of a hospital. This could be due to a serious illness, the need for surgery, or ongoing monitoring. A patient might be admitted to stay in the hospital for one or more nights, or they could come in for a day surgery or treatment and leave the same day.

Thinking about the past six months, have you needed to go to the emergency room?

Yes
 No

If yes, how many times ____.

Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).

Provider: The client did not want to answer this question at this time.

*Note: Emergency room visit means visiting the hospital's emergency department to receive immediate medical attention for urgent or severe health issues.

Sample: Exit Assessment

Unique Client ID:	Date of Assessment:
If no Unique Client ID please complete the fields below	
Client First Name Initial:	Client Last Name Initial:
Day of Client's Birthdate:	
Services Being Accessed	
Please check all services being accessed	
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Meal Preparation/Delivery
<input type="checkbox"/> Education/Recreation Programs	<input type="checkbox"/> Assistance with Grocery Shopping
<input type="checkbox"/> Transportation	<input type="checkbox"/> Social Connection Programming
<input type="checkbox"/> Systems Navigation and Supported Referral	<input type="checkbox"/> Home Maintenance
	<input type="checkbox"/> Social Contact and Companionship
	<input type="checkbox"/> Other Services Accessed, please specify:
Outcome Measures	
Isolation and Loneliness	
In general, would you agree that you are content with your connections? This refers to things like family, friends, cultural*, and spiritual connections in community? (Select one)	
<input type="checkbox"/> Strongly disagree	
<input type="checkbox"/> Disagree	
<input type="checkbox"/> Agree	
<input type="checkbox"/> Strongly agree	
<input type="checkbox"/> Provider: It is not appropriate for me to ask my client this question at this time. (e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).	
<input type="checkbox"/> Provider: The client did not want to answer this question at this time.	

*Note: Culture means cultural background, heritage, or any other cultures that are significant to the client. This could mean their Ethnic and National Groups, Indigenous Groups, Religious Groups, Language-Based Groups, Regional or Local Cultural Groups, Diaspora Groups, or any other culture they identify.

Physical & Mental Wellbeing, Quality of Life

In general, how would you rate your physical health? This refers to things like physical fitness, and freedom for physical symptoms of illness such as pain and discomfort. (Select one)

- Excellent
- Good
- Fair
- Poor
- Provider: It is not appropriate for me to ask my client this question at this time. (e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

How often in the last few months have you been bothered by low feelings, stress, or sadness? (Select one)

- Never
- Rarely
- Sometimes
- Often
- Provider: It is not appropriate for me to ask my client this question at this time. (e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

How would you rate your overall quality of life? This refers to things like the ability to enjoy life, get along with family members, and satisfaction with living conditions. (Select one)

- Excellent
- Good
- Fair
- Poor
- Provider: It is not appropriate for me to ask my client this question at this time. (e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

Capacity to Maintain Personal Safety, Security, & Integrity

In general, would you agree that you have a sufficient level of control over your life?* This refers to having the power and ability to make the decisions that shape your life. (Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: Not applicable - this client has a designated person to make decisions on their behalf.
- Provider: It is not appropriate for me to ask my client this question at this time.

*Note: Control over life involves being able to manage day-to-day activities, make important personal decisions, and set and achieve goals. For seniors, having control over their lives can mean being able to decide where they live, how they spend their time, what they eat, who they interact with, and how they manage their health care.

Access to Services and Supports

In general, would you agree that you are you aware of the services and supports available to you.
(Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

In general, would you agree that you are able to access the community services and supports you need. (Select one)

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

Hospital Use

I'd like to get a sense of how frequently you need to go to the emergency room or hospital.
Thinking about the past six months, have you been hospitalized?

- Yes
- No

If yes, how many times ____.

If yes, how many total days ____.

- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

*Note: Hospitalization happens when a patient needs care, observation, or treatment that can't be provided outside of a hospital. This could be due to a serious illness, the need for surgery, or ongoing monitoring. A patient might be admitted to stay in the hospital for one or more nights, or they could come in for a day surgery or treatment and leave the same day.

Thinking about the past six months, have you needed to go to the emergency room?

- Yes
- No

If yes, how many times ____.

- Provider: It is not appropriate for me to ask my client this question at this time.
(e.g., a relationship with the client has not yet been established, the client is experiencing a crisis that needs immediate attention).
- Provider: The client did not want to answer this question at this time.

*Note: Emergency room visit means visiting the hospital's emergency department to receive immediate medical attention for urgent or severe health issues.

Program Improvement
How have your knowledge and skills grown through participation in this program?
Since you've been involved with our program, which supports and services that you are receiving are most useful to you? And why?
Are there other supports and services you are not receiving that would be helpful?

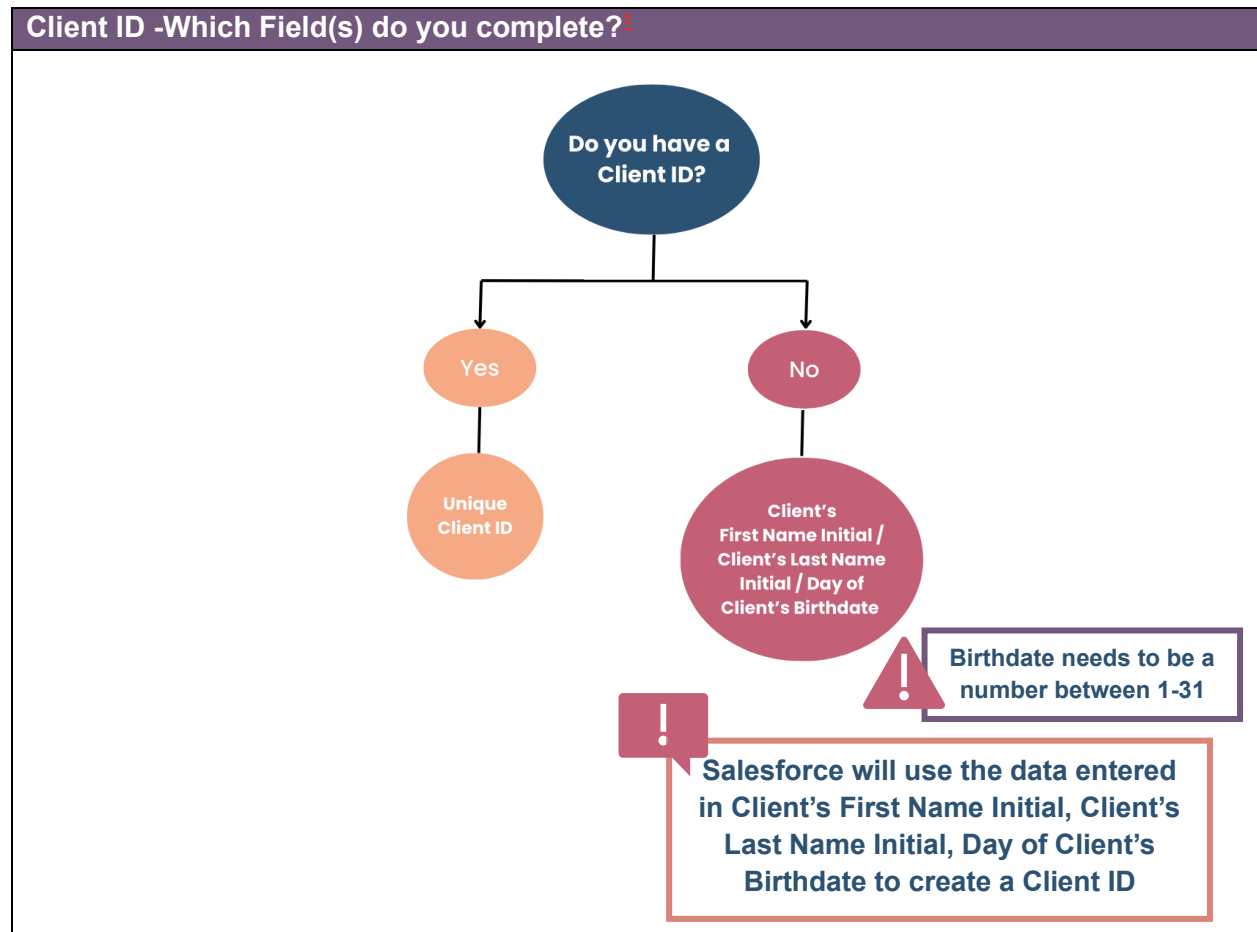
Sample: Closing Assessment

Unique Client ID:	Date of Assessment:
If no Unique Client ID please complete the fields below	
Client First Name Initial:	Client Last Name Initial:
Day of Client's Birthdate:	
If known, please note the reason the client is no longer receiving services and has not completed a closing form:	
<input type="checkbox"/> Client has passed away <input type="checkbox"/> Client has moved out of service area <input type="checkbox"/> Client has moved to assisted living/care facility <input type="checkbox"/> Client is unreachable/No longer engaged <input type="checkbox"/> Other, please specify:	

Additional Questions requiring Clarifying Details

To ensure accurate data collection and reporting, we have provided below a set of comprehensive assessment questions that often result in inconsistent data and require clarification from organizations.

To follow a client on their journey and compare the information collected at intake, check-in, exit, or closing consistent **Client ID's** need to be used for each assessment completed. If your organization does not use Client ID's you will see a place in the form(s) to have one created based on an individual's First Name Initial, Last Name Initial, and Day of Birthdate.



Date of Assessment	Date that the assessment form questions were asked to the Client.
---------------------------	---

Service Being Accessed	Example(s)
Housekeeping	Light housekeeping

¹ Please note that the same client ID needs to be used throughout a client's journey so we can connect their intake, check-in, and closing/exit forms.

Education/Recreation Programs	Physical fitness, yoga, computer class, digital literacy, art
Transportation	Door through door, accessible, assisted, volunteer based, taxi pass
Meal Preparation/Delivery	Meals on wheels
Social Connection Programming	grief and loss groups, adult day programs, mental health, caregiver support group,
Home Maintenance	Snow, yard, handy person, moving support
Systems Navigation and Supported Referral	outreach services, providing supports to access housing, finance, social programs, tax filing, completing forms, social work support, ethnocultural services, language services, elder abuse, hoarding
Assistance with Grocery Shopping	Providing assistance with grocery shopping
Social Contact and Companionship	Friendly caller/visitor, respite
Other services accessed	ONLY USED in the scenario that the service doesn't fit one of the listed options. Talk to your HAA Project Manager if you are unsure.

Referral Source	Example(s)
Community Organization or System Partner	FCSS, social service organizations, existing clients, internal referral, staff member referral
Healthcare	Primary care network, doctor, hospital, AHS, home care, pharmacist
Friend, family member, community member	
Self	Social media (facebook, Instagram), webpage, flyer, newspaper, walk-in, radio
Other	Only selected if it does not fit into any of the other categories

Appendix 4: Short-Term Program Assessment Questions




This appendix includes the measures for you to choose from, and a sample client assessment form for short-term programs. Table 1 describes each of the measures available to you and you will need to **select the two measures** you feel are most appropriate for your program. You can access this table on our SharePoint site with notes on the alignment between each of the measures and the FCSS Outcomes Model here: [Short-Term Program Outcomes](#). Make sure the measures you chose are from different indicators. Following the table, there is a sample form you can adopt if you don't have an existing data collection tool for this purpose. In addition to the outcomes measures you choose, you will need to include a small set of demographic questions which are included in the sample tool for your reference. You can download a file of this form to adapt for your purposes from our SharePoint here: [Short-Term Program Assessment](#)

Table 1. Measure to choose from for short-term programs

HAF Determinants of Healthy Aging	Anticipated Outcomes (HAF Impact Areas)	Indicators	Measures	Notes
Personal Wellbeing	1. Increased access to information, programs, services, and supports to manage activities of daily living.	Older adults report improvement in their knowledge and skills.	Because of this program, I know more about the services and help I can get in my community.	This measure if the program has increased clients' awareness of available resources in their community.
			Because of this program, I better understand how to get the help and services I need.	This measures if the program has increased clients' access to available resources in their community.
Physical and Mental Health	2. Increased capacity to live independently by enhancing mental wellness.	Older adults report improvement in their self-reported mental wellbeing.	Because of this program, I feel more able to bounce back after experiencing stressful situations.	This measures if the program has helped clients build resilience, which is the ability to recover from setbacks or challenges.
			Because of this program, I feel happy or content more often during the day.	This measures if the program has contributed to the client's overall emotional well-being by increasing their sense of happiness or contentment.
	3. Increased capacity to live independently by enhancing physical wellness.	Older adults report improvement in their self-reported physical wellbeing.	Because of this program, I have more energy to do the things I enjoy.	This measures if the program has increased the participant's energy levels, making it easier for them to engage in activities they find enjoyable.
			Because of this program, I feel physically stronger.	This measures if the program has improved clients' physical strength.
			Because of this program, I feel more confident in my ability to care for my body and stay healthy.	This measures if the program has boosted clients' confidence in managing their health and maintaining independence.

Social Environment and Engagement	4. Reduced risk of isolation and loneliness.	Older adults report greater contentment with their connections.	Because of this program, I feel more connected with others.	This measures if the program has increased clients' sense of connection with people.
			Because of this program, I have more opportunities to spend time with others.	This measures if the program has provided more chances for social interaction.
	5. Increased sense of meaning, purpose, and connection to the larger world.	Older adults report improvement in their quality of life.	Because of this program, I feel more positive about my future.	This measures if the program has helped improve the client's outlook on the future, which is an important factor in overall well-being
			As a result of participating in this program, I feel I have more meaning and purpose in my life.	This measures if the program has helped clients feel a greater sense of purpose in their lives.
Safety and Security	6. Increased capacity to maintain personal safety, security, and the integrity of personal decisions as one ages, and personal circumstances change.	Older adults report having greater control over the decisions that impact their lives.	Because of this program, I feel safer in my home and community.	This measures if the program has made clients feel safer in their environment.
			Because of this program, I feel more in control of the choices that affect my life.	This measures if the program has increased clients' sense of control over their life choices.
			Because of this program, I feel better at making choices and deciding what works best for me.	This question measures if the program has helped clients feel more confident in making decisions and choosing the best options for themselves.

SAMPLE Short Term Program Survey

ABOUT YOU (YOU must use these questions in your survey)		
Type of Program:		
Date survey is completed:		
Age Category: <input type="checkbox"/> Under 50 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75-79 <input type="checkbox"/> 80-84 <input type="checkbox"/> 85-89 <input type="checkbox"/> 90+ <input type="checkbox"/> Prefer not to answer	Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Gender Diverse (LGBTQ2s+) <input type="checkbox"/> Another gender not specified _____ <input type="checkbox"/> Prefer not to answer	
Do you identify/consider yourself: (Select one) <input type="checkbox"/> Black <input type="checkbox"/> East Asian <input type="checkbox"/> Indigenous <input type="checkbox"/> Latin American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Southeast Asian <input type="checkbox"/> South Asian <input type="checkbox"/> White <input type="checkbox"/> Multiple ethnicities <input type="checkbox"/> Member of a Racialized Community, but do not wish to identify <input type="checkbox"/> Another ethnicity or ethnicities not listed, please specify: _____ <input type="checkbox"/> Prefer not to answer		
How did you hear about the program? <input type="checkbox"/> From a healthcare provider (family doctor, homecare worker, pharmacist) <input type="checkbox"/> From a community service provider (FCSS, seniors centre, <input type="checkbox"/> From a friend, family member, or community member <input type="checkbox"/> I learned about it on my own (saw a poster, searched on the internet, Facebook) <input type="checkbox"/> The way I learned about it isn't listed here <input type="checkbox"/> Prefer not to answer		
Do you have a consistent primary healthcare provider? Yes No	Do you have access to reliable and affordable transportation? Yes No	
OUTCOMES (You would pick a minimum of 2 questions to ask)		
Because of this program, I feel happy or content more often during the day.		
 Disagree	 Agree	 Prefer not to Answer

Because of this program, I feel more connected with others.



Disagree



Agree



Prefer not to Answer

Appendix 5: One-Time Program Data Collection

This appendix includes a template you can adopt for collecting the required data for on-time programs. You can download a file of this form to use from our SharePoint here:

[One-Time Program Assessment](#)

Sample ONE TIME PROGRAM(S) Form

Date	Type of Program	Number of People who attended
March 2025	Social Connection	36

Appendix 6: Tips for Developing Service Provider and Client Comfort with Questions

It can be difficult, or uncomfortable, for both the service provider and the client to work through the demographic, outcome, and program improvement questions. With some questions, we are asking clients to share personal and sensitive information. Here are a few tips for building service provider and client comfort:

- Consider taking time to explain the purpose of the assessment.
- Consider taking time to explain how important the information is for you in understanding the care or support they are looking for.
- Consider taking time to explain how important the information is to demonstrate the impact of the non-medical home supports program to secure additional funding to support more adults in the community.
- Consider balancing the need to first build a relationship and trust with asking the questions early in the client's engagement with the program. It is fine to indicate for any question that you feel it is not an appropriate time to ask the client the question.
- Consider integrating the questions into a more natural conversation and stopping to ask the specific questions when it makes sense.
- Prioritize making sure the first meeting does not feel rushed. Collecting responses to all questions may require multiple meetings.
- Expect that some clients might not want to complete the assessment on the specific day, or at all. And this is fine.
- Ensure clients know they can skip questions or stop at any time.

When asking questions from the guide, keep in mind that each client may respond differently based on their ability to answer. Sometimes clients will answer the assessment questions directly, while other times, the frontline staff may need to interpret their responses. Remind your staff to be flexible during the data collection process and encourage them to validate the assessment answers with clients whenever possible.