



Native Horizons Treatment Centre

130 New Credit Road
Hagersville, ON
N0A 1H0
T: 905-768-5144
Toll Free: 1-877-330-8467
F: 905-768-5564
E-mail: office@nhhc.ca

GRIEF AND LOSS PROGRAM APPLICATION

The client must complete all areas of the application

A referral worker is not required to apply

A. General Client Information:			
Date:		Date Application Received by Treatment Centre:	
Surname:	First Name:	Preferred Pronouns:	
Date of Birth: (DD/MM/YYYY)	Age:	Sex:	Provincial Health Card Number:
Full Mailing Address:			Telephone Number:
Personal E-mail Address:	Reside On or Off Reserve:	Social Insurance Number:	
Status Native/Metis/Non-Status:	Status Number:	Band Name:	
Emergency Contact Name:	Emergency Contact Telephone Number:	Relationship to Emergency Contact:	
B. Referral Information:			
First Name:		Surname:	
Agency:		Title/Position:	
Agency Address:		Email Address:	
Telephone Number:		Fax Number:	
C. Legal Status: (continued on the next page)			

Is the client under any of the following legal conditions?	<input type="checkbox"/> Bail <input type="checkbox"/> Parole <input type="checkbox"/> Temporary Absence Order <input type="checkbox"/> Charges Pending <input type="checkbox"/> Restorative Justice <input type="checkbox"/> Probation <input type="checkbox"/> Outstanding Warrants <input type="checkbox"/> Other:			
Does the client have upcoming court dates that may interfere with this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when are the court dates? (DD/MM/YYYY)				
D. Treatment History:				
Has the client participated in a non-residential/community-based substance abuse program?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the client participated in a non-residential/community-based mental health program?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the client participated in a residential treatment program before?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide information on previous treatment experience:				
Year	Treatment Centre/Program	Type of Addiction	Completed	Comments
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Health				
Provide the following information about the client's mental health status:				
Mental Illness:			Describe	
Has the client been diagnosed with a mental illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list diagnoses:		
Is the client currently being medically treated for any mental health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Please list medications and dosages:		
If yes, is the client taking medication consistently and as prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

Previous suicide attempts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?		
Hospitalized for suicide attempts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?		
Currently suicidal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Condition:		Describe
Food/Other Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list:
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuberculosis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Communicable Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list:
Sexually Transmitted Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list:
Hepatitis A/B/C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Limitations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list:
Acquired Brain Injury:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the client have upcoming medical or dental appointments that may interfere with this program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when are the appointment dates and what is the reason for each appointment? (DD/MM/YYYY)		
F. Substance Use: Please indicate your substance use history (continued on the next page)		
Substance	Date Last Used	Amount Used
		Describe

Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No			What did you drink?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No			What did you use?

Please describe why you believe you use alcohol or drugs:

G. Types of Grief: Please indicate the types of losses you've experienced

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Community |
| <input type="checkbox"/> Father | <input type="checkbox"/> Relationship |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Home |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Pet |
| <input type="checkbox"/> Child | <input type="checkbox"/> Job |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Cousin | <input type="checkbox"/> Health |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Identity |
| <input type="checkbox"/> Elder | <input type="checkbox"/> Innocence |
| <input type="checkbox"/> Chief | <input type="checkbox"/> Other: |

H. Impacts of Grief: Please indicate how the losses have impacted your life in the following areas

Mentally:

Emotionally:

Physically:

Spiritually:

Relationships:

I. Grief Management: Please indicate how you manage/cope with grief

- | | | |
|--|---|---|
| <input type="checkbox"/> Journaling | <input type="checkbox"/> Day Programs | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Exercise | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Self-help Books | <input type="checkbox"/> 12 Step Programs | <input type="checkbox"/> Cultural Practices |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

J. Your Journey:

Please indicate what you would like to learn/work on in this program

K. Other:

Do you have additional comments or information we should be aware of?



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RELEASE OF INFORMATION

Release of Information

Having read and understood this form, I hereby authorize Native Horizons Treatment Centre to Release/Request the following information To/From the Person/Agencies listed. In order for this release to be valid, one column must be **check marked and initialed by the client** for each of the following persons/agencies and area of disclosure:

Persons/Agencies *Please specify your referral worker below*	Yes	No	Initials
1.			
2.			
3.			
4.			
5.			

Area of Disclosure	Yes	No	Initials
1. Discharge Summary			
2. Continuing Care Plan			
3. Progress Reports			
4. Treatment Plan			
5. Other – Specify:			

I understand that any other information will not be released to any other person without my written consent unless they have a court order or are concerned with my medical treatment in an emergency. I also understand that I can withdraw my consent to the release/request of information at any time and that in any event this form will be void ninety (90) days from the date of my signature.

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Client Signature	Date

Referral Signature	Date
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When, in the opinion of the healthcare provider, the physical and/or mental condition of a client prevents him/her from having the ability to understand the subject matter in respect of which consent is requested and from being able to appreciate the consequences of giving or withholding consent, authorization for disclosure of the information may be given by the client's next of kin.

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Signature of authorized person to sign in lieu of client	Print Name

Relationship to client	Date
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NATIVE WELLNESS ASSESSMENT (NWA)[™]

SELF-REPORT FORM

First Edition March 31, 2015

Acknowledgements:

This work was supported by the Canadian Institutes of Health Research [funding reference number AHI – 120535]. Our work was inspired by the devotion of Elder Jim Dumont and our Treatment Centre project partners to walk with First Nations' people on the path to wellness guided by cultural interventions.





Native Wellness Assessment (NWA-S) (Self-Report Form)

Please complete this survey designed to assess your **Native wellness**. Once you have filled out the background section used for research, please complete the three sections concerning a rating of statements and cultural interventions/activities. You may provide any additional comments at the end of the survey if you like.

The survey answers must be entered on the web at the following address www.thunderbirdpf.org in order to receive the client report which provides the analysis and interpretation of results.

To be completed by Substance Use/Mental Health Service Staff prior to the client completing the survey:

Client ID: _____ (number as used in Substance Use/Mental Health Service)

Date of Assessment: _____ (dd/mm/yyyy)

Completion: ☐ 1st time completed ☐ 2nd time completed ☐ 3rd time completed by client

Point in time: ☐ Entry to program (administered within 7 days of intake)
☐ In-Progress (administered halfway through program)
☐ Exit from program (administered within the last 7 days of the program)

Substance Use/Mental Health Service : _____

Length of Program: _____ weeks

Background:

Your responses in this section will be grouped with that of others to make sure the survey is statistically valid. The information you provide here will not be used to identify you specifically under any circumstances.

Gender: ☐ Female ☐ Male ☐ Other (ie: Two-Spirited/LGBTQ/Gender fluid) _____

Age: _____ years

Ethnicity: ☐ **First Nations**
If Yes, which Nation _____ **OR** ☐ Don't Know

☐ **Métis**
If Yes, which First Nation connection _____ **OR** ☐ Don't Know

☐ **Inuit**

☐ **Other** _____

What is your FIRST Language? _____

If applicable, what is your SECOND Language? _____

If applicable, what is your THIRD Language? _____

How many times have you sought help for issues related to substance use/mental health prior to the service you are at now?

_____ time(s)

Please provide the name(s) of the prior Substance Use/Mental Health Service (s):

- | | | |
|---|---------------------|------------------------|
| 1 | Program Name: _____ | Number of times: _____ |
| 2 | Program Name: _____ | Number of times: _____ |
| 3 | Program Name: _____ | Number of times: _____ |
| 4 | Program Name: _____ | Number of times: _____ |
| 5 | Program Name: _____ | Number of times: _____ |
| 6 | Program Name: _____ | Number of times: _____ |

Instructions:

Please rate the following statements based on your own feelings and thinking. As this survey is not a test that you can pass or fail, there is no right or wrong way to answer any of the statements. Your first thought or impression is usually the best.

The following example will explain how to proceed. Please read the example statement. If you *mostly agree* with the example statement, draw a circle around the number 3 that corresponds with this.

Please use a dark black pen to complete the form. Please use the 'Don't Know' (DK) option sparingly and **ONLY** if you feel you are not able to respond to the statement within a range of 'Disagree' to 'Strongly Agree'.

	DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
The eagle is an important symbol in our culture.	DK	0	1	2	3	4

How to change an answer:

If you do need to change your answer, please draw an 'X' through your original circle and then draw another circle over the new number you have selected as follows:

	DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
The eagle is an important symbol in our culture.	DK	0	1	2	3	4

Statements: Section 1

		DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
1	I can see my loved ones who have gone on, or ancestors, in dreams or ceremony.	DK	0	1	2	3	4
2	My Native culture fuels my desire to live a good life.	DK	0	1	2	3	4
3	I believe that the Creator is the source of all life.	DK	0	1	2	3	4
4	My relationship to the land I come from is important.	DK	0	1	2	3	4
5	I feel comforted when I participate in cultural activities and ceremonies.	DK	0	1	2	3	4
6	I feel a need to connect with my spirit.	DK	0	1	2	3	4
7	My Native language is a sacred language.	DK	0	1	2	3	4
8	Knowing the names in the generations of my family is important for my identity.	DK	0	1	2	3	4
9	All living things have a spirit.	DK	0	1	2	3	4
10	Ceremonies and cultural activities open me up to share my thoughts and feelings with others.	DK	0	1	2	3	4
11	I learn about the Creator's teaching to live a good life.	DK	0	1	2	3	4
12	I am known in Creation through my traditional name or clan family.	DK	0	1	2	3	4
13	The Creator made a way for me to live a good life.	DK	0	1	2	3	4
14	The more I learn about my culture, the more confident I feel about my life.	DK	0	1	2	3	4
15	The more I learn about the importance of my spirit the more I want a good life.	DK	0	1	2	3	4

		DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
16	I see my role in caring for water and fire as important for a balanced life.	DK	0	1	2	3	4
17	I believe there is a reason the Creator gave me life.	DK	0	1	2	3	4
18	The Creator gives me my Native identity.	DK	0	1	2	3	4
19	I connect to life by being on the land and learning the names and stories of plants and animals.	DK	0	1	2	3	4
20	I want to be like my ancestors who worked to have a good life.	DK	0	1	2	3	4
21	I need to pay attention to my spirit because it is important to my physical well-being.	DK	0	1	2	3	4
22	My connection to Mother Earth makes the land I come from my home.	DK	0	1	2	3	4

Interventions 1: How would you describe your connection during each of the following interventions lately?

		DP Did Not Practice	1 Weak	2 Moderate	3 Strong
1	Smudging	DP	0	1	2
2	Prayer	DP	0	1	2
3	Sweat lodge ceremony	DP	0	1	2
4	Talking / sharing circle	DP	0	1	2
5	Nature walks	DP	0	1	2
6	Meaning of prayer	DP	0	1	2
7	Use of drum / pipe / shaker	DP	0	1	2
8	Sacred medicines	DP	0	1	2
9	Use of natural foods	DP	0	1	2
10	Ceremony preparation	DP	0	1	2
11	Cultural songs	DP	0	1	2

		DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
23	I seek understanding of my purpose in life through cultural knowledge.	DK	0	1	2	3	4
24	I give thanks for what I receive from Creation.	DK	0	1	2	3	4
25	My language and a connection to the land help me to know who I am.	DK	0	1	2	3	4
26	The respect I feel for my relatives in Creation, makes me want to give something back.	DK	0	1	2	3	4
27	The Creation story is important to me because it helps me to feel my life is meaningful.	DK	0	1	2	3	4
28	My dreams help guide and direct me through my life.	DK	0	1	2	3	4
29	The Creation story that I believe in is Native in origin.	DK	0	1	2	3	4
30	I make offerings such as food and other gifts to my ancestors because they help me.	DK	0	1	2	3	4
31	I listen to traditional teachings to learn how my ancestors understood and lived life.	DK	0	1	2	3	4
32	Laughter heals me.	DK	0	1	2	3	4
33	I need to learn more about my Native identity.	DK	0	1	2	3	4
34	I respect sacred bundle items.	DK	0	1	2	3	4
35	I understand how the Creator helps me.	DK	0	1	2	3	4
36	I treat my body as sacred.	DK	0	1	2	3	4
37	My identity as a Native person helps me to know who I am and what to do in life.	DK	0	1	2	3	4
38	I know who my extended or adopted family is.	DK	0	1	2	3	4

		DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
39	It is important to me that I learn, speak and understand my Native language.	DK	0	1	2	3	4
40	The Creator gives me choices in how to live my life.	DK	0	1	2	3	4
41	My Native language comes from the Creator.	DK	0	1	2	3	4
42	I have a necessary role in my family.	DK	0	1	2	3	4
43	Understanding my spirit connection to all life helps me to be well.	DK	0	1	2	3	4
44	I gather traditional foods because they are important for my health.	DK	0	1	2	3	4

Interventions 2: How would you describe your connection during each of the following interventions lately?

		DP Did Not Practice	1 Weak	2 Moderate	3 Strong
12	Fishing / Hunting	DP	0	1	2
13	Spiritual teachings	DP	0	1	2
14	Water as healing	DP	0	1	2
15	Use of sacred medicines	DP	0	1	2
16	Community cultural activities	DP	0	1	2
17	Fire as healing	DP	0	1	2
18	Storytelling	DP	0	1	2
19	Culture-based art	DP	0	1	2
20	Pipe ceremony	DP	0	1	2
21	Sacred places	DP	0	1	2
22	Use of native language	DP	0	1	2
23	Creation story	DP	0	1	2
24	Cultural dances / pow wow	DP	0	1	2
25	Receiving help from traditional Healer / Elder	DP	0	1	2
26	Gardening, harvesting	DP	0	1	2
27	Giveaway ceremony	DP	0	1	2

		DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
45	I strengthen my connection by talking to the Creator.	DK	0	1	2	3	4
46	My family gives me strong identity.	DK	0	1	2	3	4
47	I know all of Creation has spirit caring for me.	DK	0	1	2	3	4
48	I take initiative to be physically active through land based activities.	DK	0	1	2	3	4
49	I need to have a connection with my ancestors.	DK	0	1	2	3	4
50	I feel all of Creation is my family.	DK	0	1	2	3	4
51	I feel the spirit is with me when I am on the land, in ceremony, or through my dreams.	DK	0	1	2	3	4
52	I use cultural ways such as ceremonies, food and medicine for cleansing and healing.	DK	0	1	2	3	4
53	How I dress shows pride in my culture.	DK	0	1	2	3	4
54	I feel a connection between my community history and my own story.	DK	0	1	2	3	4
55	I think my spirit lives forever.	DK	0	1	2	3	4
56	I show who I am as a Native person through the things I wear.	DK	0	1	2	3	4
57	The Creator gave me a good mind.	DK	0	1	2	3	4
58	I see the strengths Native people have as a community.	DK	0	1	2	3	4
59	I think about the whole of Creation - the universe, all nature, plants, animals, and all people - as my family.	DK	0	1	2	3	4
60	I go to Elders to learn about our Native ways.	DK	0	1	2	3	4

		DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
61	I recognize that I can contribute to my community.	DK	0	1	2	3	4
62	I understand my inner knowing is my spirit guiding me through life.	DK	0	1	2	3	4
63	I give back to Creation as a way of showing my thankfulness.	DK	0	1	2	3	4
64	I feel confident getting support from my community.	DK	0	1	2	3	4
65	It is up to me to ensure balance in every part of my life.	DK	0	1	2	3	4
66	I participate in traditional ways of sharing.	DK	0	1	2	3	4

Interventions 3: How would you describe your connection during each of the following interventions lately?

		DP Did Not Practice	1 Weak	2 Moderate	3 Strong
28	Shaker / hand drum making	DP	0	1	2
29	Naming ceremony	DP	0	1	2
30	Water bath	DP	0	1	2
31	Blanketing / welcoming ceremony	DP	0	1	2
32	Cultural events / marches	DP	0	1	2
33	Dream interpretation	DP	0	1	2
34	Land-based / cultural camp	DP	0	1	2
35	Ghost / memorial feast	DP	0	1	2
36	Hide making / tanning	DP	0	1	2
37	Fasting	DP	0	1	2
38	Horse program	DP	0	1	2
39	Other taught / participated in / experienced	DP	0	1	2
Other (name):					

Do you have any other comments you would like to share in relation to the above?

Thank you for your participation!

About the Native Wellness Assessment™:

The Native Wellness Assessment™ (NWA™) was launched on June 25, 2015 and is the first of its kind in the world. Statistically and psychometrically, the NWA™ content and structure performed well, demonstrating that culture is an effective and fair intervention for Indigenous Peoples with addictions. The NWA™ can inform Indigenous health and community-based programs and policy. The NWA™ is a product of the Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment (CasI) research project whose team included Indigenous and non-Indigenous researchers from across Canada, Elders, Indigenous knowledge keepers, cultural practitioners, service providers, and decision makers. To learn more about the validation of the NWA™ visit: <http://nnapf.com/nnapf-document-library/>

Acknowledgements:

Members of the Honouring Our Strengths: Indigenous Culture-as-Intervention Research team include:

nominated principal investigator, Colleen Dell (University of Saskatchewan); co-PI: Peter Menzies (Independent, formerly Centre for Addiction and Mental Health), Carol Hopkins (National Native Addictions Partnership Foundation), Jennifer Robinson (Assembly of First Nations; former designate, Jonathan Thompson); co-applicants: Sharon Acoose (First Nations University of Canada), Peter Butt (University of Saskatchewan), Elder Jim Dumont (Nimkee NupiGawagan Healing Centre), Marwa Farag (University of Saskatchewan), Joseph P. Gone (University of Michigan at Ann Arbor), Christopher Mushquash (Lakehead University), Rod McCormick (Thompson Rivers University, formerly University of British Columbia), David Mykota (University of Saskatchewan), Nancy Poole (BC Centre of Excellence for Women's Health), Bev Shea (University of Ottawa), Virgil Tobias (Nimkee NupiGawagan Healing Centre); knowledge users: Kasi McMicking (Health Canada), Mike Martin (National Native Addictions Partnership Foundation), Mary Deleary (Independent, formerly Nimkee NupiGawagan Healing Centre), Brian Rush (Centre for Addiction and Mental Health), Renee Linklater (Centre for Addiction and Mental Health), Sarah Steves (Health Canada; former designate, Darcy Stoneadage); collaborators (treatment centers): Willie Alphonse (Nengayni Wellness Centre), Ed Azure (Nelson House Medicine Lodge), Christina Brazzoni (Carrier Sekani Family Services), Virgil Tobias (Nimkee NupiGawagan Healing Centre; former designate, Mary Deleary), Patrick Dumont (Wanaki Centre), Cindy Ginnish (Rising Sun), Hilary Harper (Ekweskeet Healing Lodge; Acting Director, Yvonne Howse), Yvonne Rigsby-Jones (Tsow-Tun Le Lum), Ernest Sauve (White Buffalo Youth Inhalant Treatment Centre), Zelda Quewezance (Saulteaux Healing and Wellness Centre), Iris Allen (Charles J. Andrew Youth Treatment Centre), Rolanda Manitowabi (Ngwaagan Gamig Recovery Centre Inc./Rainbow Lodge); collaborators (leadership): Chief Austin Bear (National Native Addictions Partnership Foundation), Debra Dell (Youth Solvent Addiction Committee), Val Desjarlais (National Native Addictions Partnership Foundation; former designate, Janice Nicotine), Rob Eves (Canadian Centre on Substance Abuse; former designate, Rita Notarandrea), Elder Campbell Papequash (Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services Advisor); contractors (methodology): Elder Jim Dumont (Nimkee NupiGawagan Healing Centre), Randy Duncan (University of Saskatchewan), Carina Fiedeldey-Van Dijk (ePsy Consultancy), Laura Hall (University of Saskatchewan), Margo Rowan (University of Saskatchewan); management: Barbara Fornssler (University of Saskatchewan; former designate, Michelle Kushniruk); article editing: Marcia Darling (Toronto). This work was inspired by the devotion of Elder Jim Dumont and the treatment center project partners to walk with First Nations' people on the path to wellness guided by culture-as-intervention. With respect to this article, the authors most appreciatively thank Mike Martin for his assistance in facilitating the pilot testing process; Randy Duncan for his measurement expertise and work with the IKG in helping to revise early drafts of the instrument; and Roisin Unsworth (University of Saskatchewan) for her work in compiling information from the literature involving the application and validation of instruments to assess wellness.