

Name: _____

Date: _____

Depression

B E R C P P U K M U W V V M B E H A V I O R A D
N E U H R O I N E R I I S O L A T I O N Y M O B
L N M G M Y S N Z D I P M N O I S S E R P E D N
O C V X I M I I M P I T I R R I T A B I L I T Y
S O M X G T V N T R I C A I S T B D Y A U T C B
S U O O C Z A J G I Q A I L H T R O W F L E S B
O R K C N O F F W L V N E U V H M B Q L I F C A
F A V L O I R T F D G E M W S M S N V L A H S T
L G Q X L O T Z T B P S F O I O M S J M J E U T
O E Q B R S L O A T H W A E D S I O I H W A A A
V A S F O H X A R N E L J E E G V L E L N R Y N
E C S K L C X O H P R A J Z N D Y O Z S A I Q A
D T E W H H U Q T W Y T T S B T B D I W L N O B
O I N O R B Q H Q S J X A I R H Q A Z F P G D L
N V I G L W F G H Z E N Q O N W Q N C K E A R E
E I L E B M W C V E D R U D O G A T C K R I O G
M T E P M J I R A S I B E J V X P L V M A D C O
M I N Z L C E W Y U L S S D Q M A R K N C E E A
U E O U R P I M Q E S D E J I M R S O E E S R L
O S L F O D P A S N P E H S T V F P E B R U S S
M B O R H T W Q C N B P S X S O O W Q P L Y F V
B Y T V O E S T N E D I S E R A L R B T Y E Q E
N C C M N P K E G N I N E T S I L M P D N L M X
E I S T N E M H S I L P M O C C A G T O L C C S

encourage activities
family troubles
sleep trouble
self worth
listening
suicide
walker
causes

signs and symptoms
eating problems
hearing aides
loneliness
isolation
monitor
report
canes

positive feedback
attainable goals
provide rest
Depression
care plan
glasses
record

loss of loved one
accomplishments
irritability
residents
behavior
fatigue
crying