

Check Your Mood

Have you experienced any of the following?
Check the boxes that apply to you.

Life Changes:

- | | |
|---|---|
| <input type="checkbox"/> lost a loved one or friend | <input type="checkbox"/> loss of interest in activities you previously enjoyed |
| <input type="checkbox"/> recently moved to a new home | <input type="checkbox"/> became the primary caregiver for a loved one or friend |

Health Concerns:

- living with a chronic health condition
- received a health diagnosis or noticed a decline in your health
- experienced changes in sleeping or eating patterns (increase or decrease)
- loss of energy or feeling tired all the time

Feelings of:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> hopelessness | <input type="checkbox"/> sadness |
| <input type="checkbox"/> isolation | <input type="checkbox"/> frustration |
| <input type="checkbox"/> loneliness | <input type="checkbox"/> fear or anxiety |

If you checked any of the boxes you could benefit from our mental health program. We're available to answer questions and schedule a free, confidential assessment. Your happiness and health are important. Feeling depressed is not a normal part of aging. Call us today! We can help!

