

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# WHY CARE?

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

Access To Care  
Motivation  
Medication  
Physician

Coping Skills  
Prescriber  
Therapist  
Exercise

Psychiatrist  
Meditation  
Treatment  
Therapy