

Name: _____

Date: _____

Contraception

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

contraceptive pill

no protection

contraception

rhythm method

protection

injection

femi-dom

implant

condom

coil

std

sti