

Name: _____

Date: _____

Eating Disorders

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

WEIGHT LOSS SELF-ESTEEM UNHEALTHY HOSPITAL
CONTROL DISEASE THERAPY WORKOUT
WEIGHT HABIT PURGE BINGE
SICK HIDE FAT