

Name: _____

Date: _____

Period: _____

HEALTHY LIFESTYLE

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

CARBOHYDRATES
VEGETABLES
CALORIES
EXERCISE
PROTEIN
SOCIAL
RISK

ENVIRONMENT
EMOTIONAL
PHYSICAL
CHOICES
STRESS
WATER
DIET

HEREDITARY
ATTITUDE
CHECKUPS
HYGIENE
MENTAL
SLEEP