

Name: _____

Date: _____

Health & Well-being

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

Physical Health

Social Health

Mental Health

Flexibility

Drink water

Vegetables

Nutrition

Breakfast

Strength

Exercise

Friends

Muscles

Hygiene

Fitness

Family

Fruit

Sleep

Sport