

Name: _____

Date: _____

Healthy Lifestyle

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

Physically Fit
Eat Healthy
Exercise
Sleep

Good Hygiene
Medication
Outside
Relax

Mentally Fit
Check Ups
Weight
Fun