

Name: _____ Date: _____

HOW DO YOU FEEL?

1. ZOYC _____

2. ENIOTNDCF _____

3. NDRLUFOWE _____

4. DELVD _____

5. SFAE _____

6. RCANYK _____

7. ESACDR _____

8. UODPR _____

9. HKATULFN _____

10. RICTREFI _____

11. LCAM _____