

Name: _____

Date: _____

Lifestyle

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

Lack of exercise
Addiction
Smoking
Cancer

Brain function
Emphysema
Obesity

Lung Disease
Alcohol
Asthma