Name: _____

MI symptoms

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

palpitations
collapse
headpain
fatigue
nausea
chestpain
neckpain
armpain
hiccups
falls
confusion
sweating
jawpain
burping
dyspnoea
weakness
anxiety
pallor