

Name: _____

Date: _____

Matter

B Q D L L J O L H X

S L I S I I C G A I

E X L C A Q T C R Z

N K O Z G G U T D U

S T S L O U D I L R

E T F G C R W C D E

S A R O M O T Q O T

Z S Q S S L P X X T

Y T R E P O R P D A

N E C V Q C B I G M

Property

Liquid

Loud

Gas

Little

Color

Soft

Senses

Taste

Hard

Matter

Solid

Big