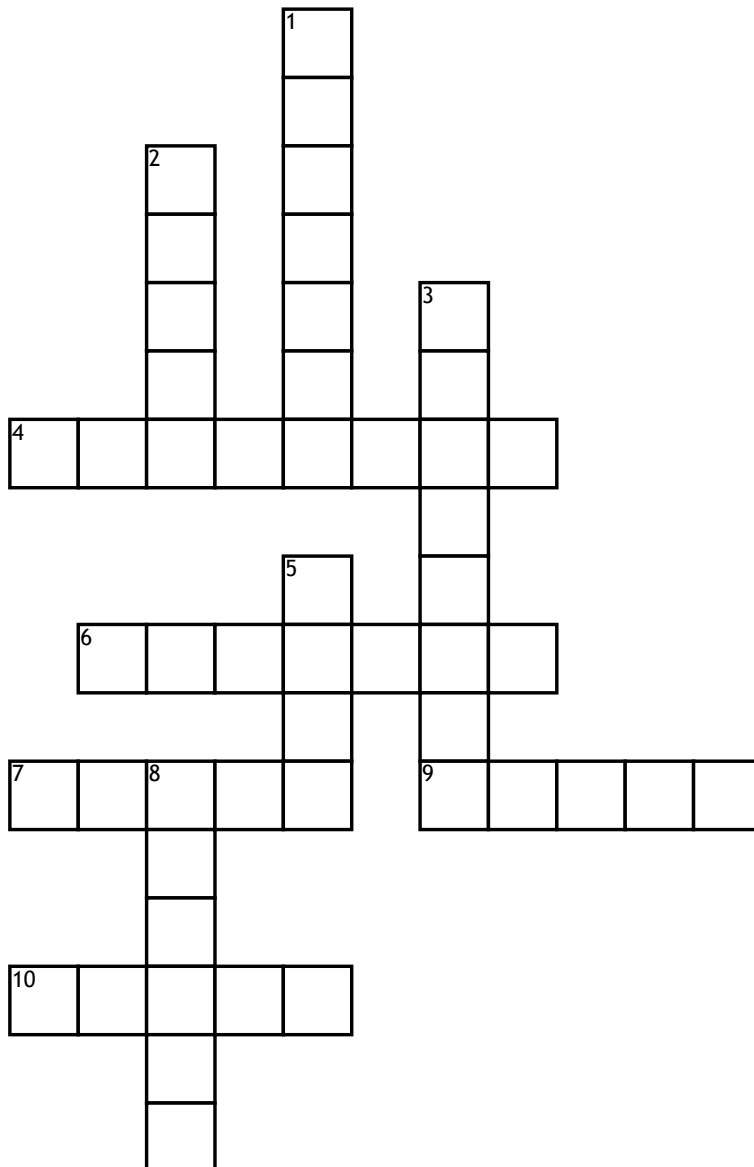


Name: _____

Date: _____

Me Duele



Across

- 4. throat
- 6. legs
- 7. a lot
- 9. eyes
- 10. it hurts

Down

- 1. back
- 2. hot
- 3. stomach
- 5. cold
- 8. head