

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Measurement

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

Light

Heavy

Thick

Large

Short

High

Tall

Thin

Wide

Long

Low

Fat