

Name: _____

Date: _____

Pain

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

- | | | | | | |
|---------------|--------------|-------------|------------|------------|------------|
| Uncomfortable | Excruciating | Suffocating | Unfamiliar | Unbearable | Terrifying |
| Flickering | Exhausting | Torturous | Throbbing | Squeezing | Splitting |
| Radiating | Knot-Like | Irritated | Tingling | Shooting | Pounding |
| Pinching | Piercing | Inflamed | Grueling | Elevated | Crushing |
| Crawling | Vicious | Tearing | Swollen | Numbing | Jumping |
| Intense | Gnawing | Chronic | Chapped | Caustic | Tender |
| Sudden | Severe | Raging | Fierce | Stiff | Spasm |
| Heavy | Sore | Dull | Achy | Raw | |