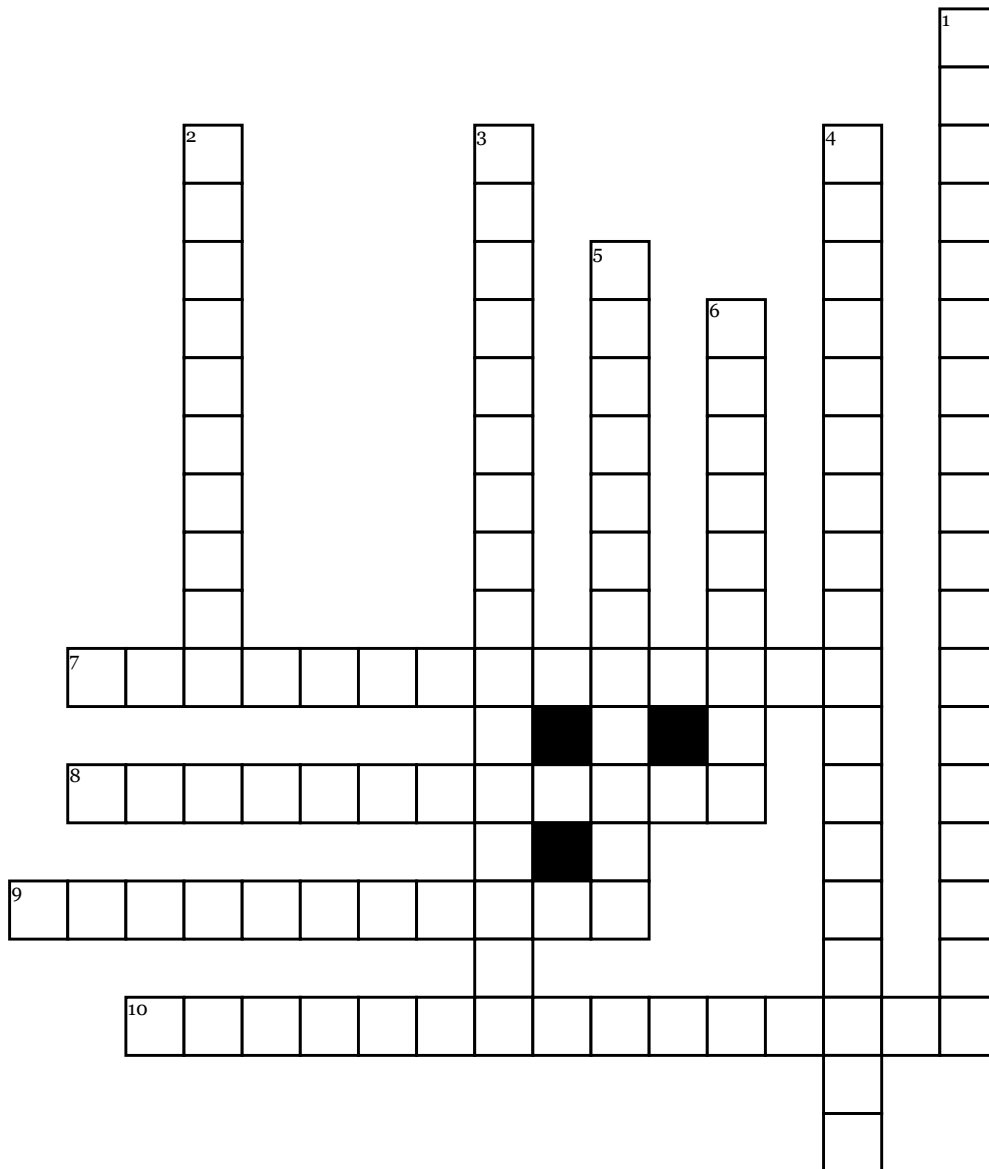


Name: \_\_\_\_\_

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

# Phobias



## Across

- 7. Fear of small spaces
- 8. Fear of the dark
- 9. Fear of the sun
- 10. Fear of walking or standing

## Down

- 1. Fear of failure or defeat

- 2. Fear of heights
- 3. Fear of foreign languages
- 4. Fear of long words
- 5. Fear of thunder and lightning
- 6. Fear of home