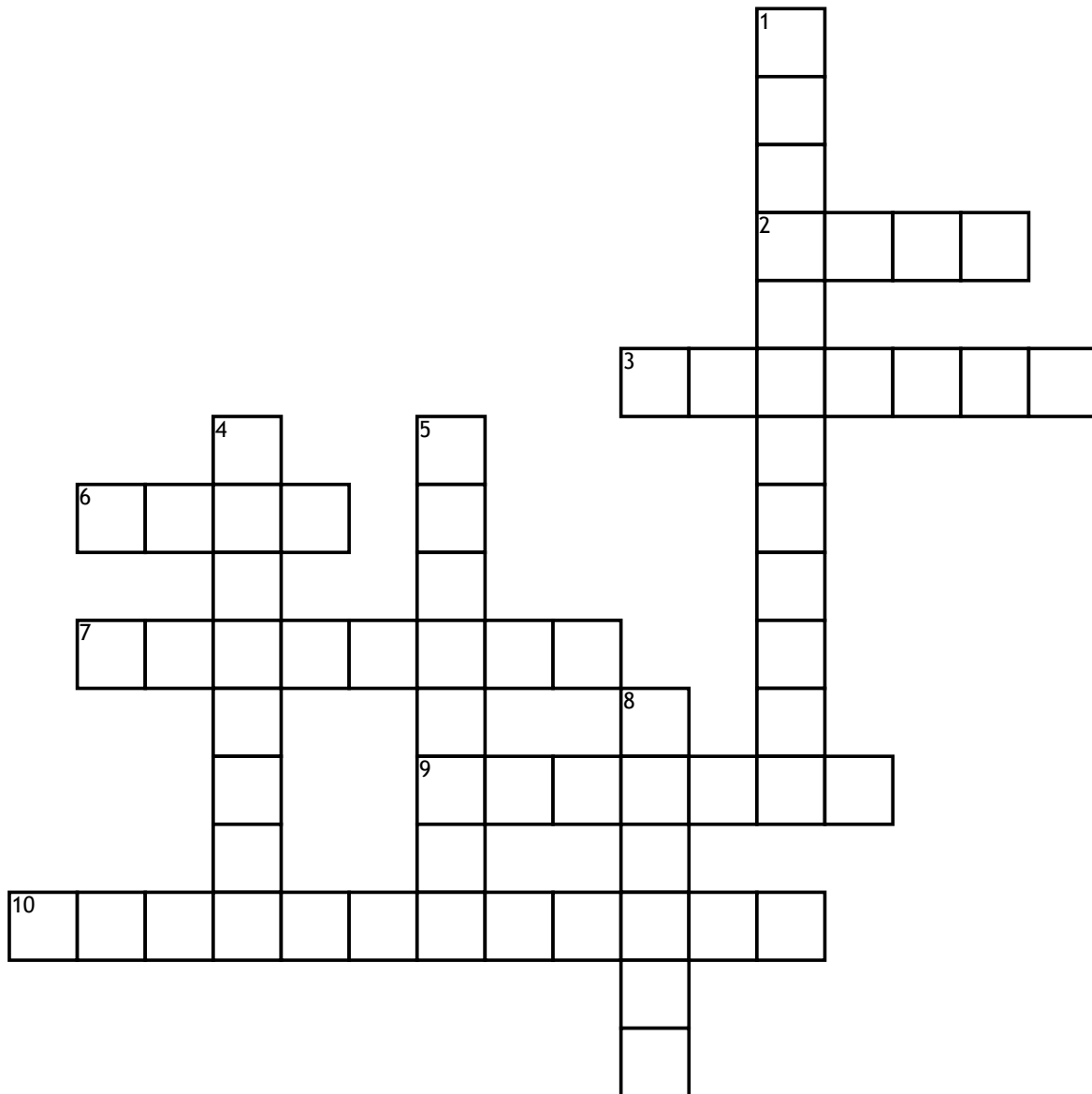


Name: _____

Date: _____

Plain Language



Across

2. by mouth
3. best way
6. what you eat
7. broken bone
9. stomach/belly
10. high blood pressure

Down

1. unable to control bowel/bladder
4. bad result
5. walk
8. change