

Name: _____

Date: _____

Post Traumatic Stress Disorder

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

depression flashback survivor accident
violence anxiety assault stress
trauma abuse death ptsd