Name: _____ Date: _____

STROKE

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

HYPERTENSION
CONFUSION
DIABETES
STROKE
FACE
HEMORRHAGIC
WEAKNESS
ISCHEMIC
SPEECH
TIME
ATRIAL FIB
NUMBNESS
SMOKING
FAST
ARMS