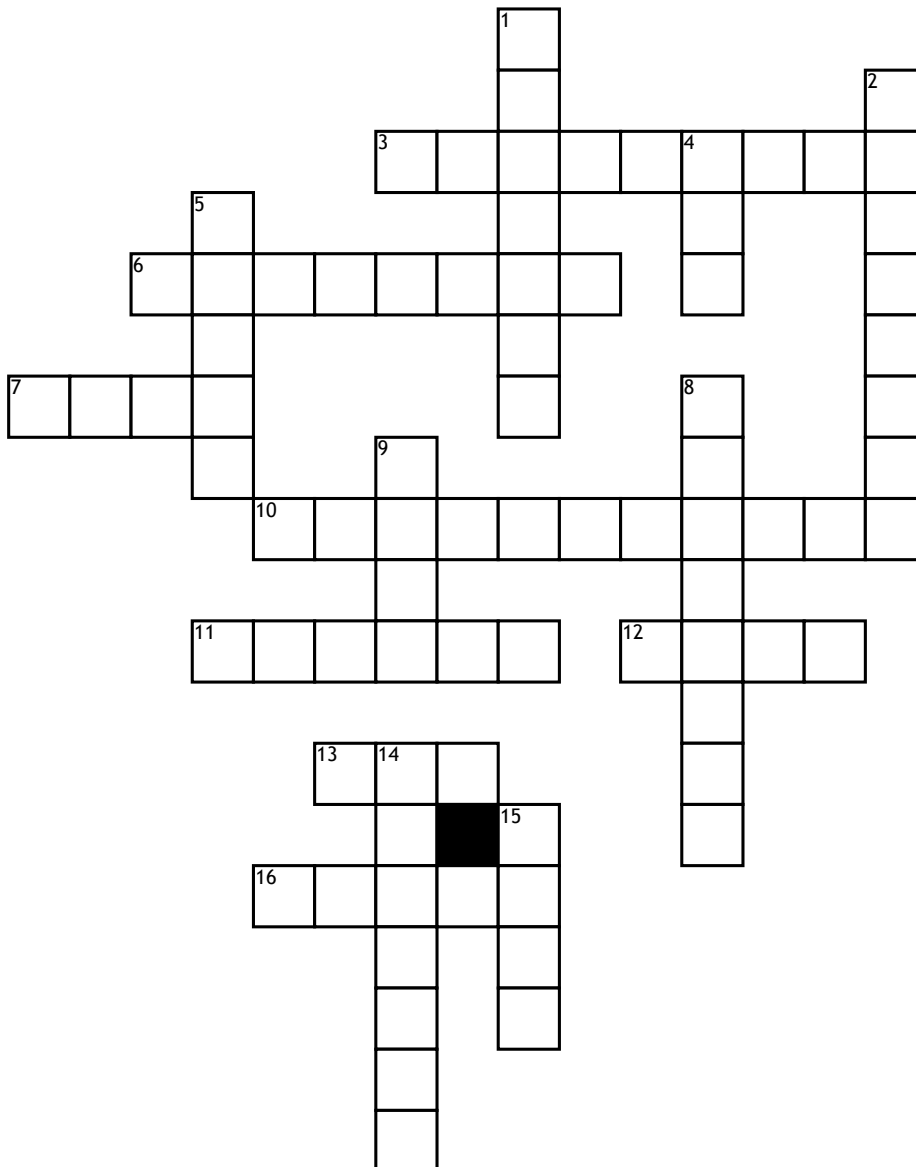


Name: \_\_\_\_\_

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

# Sickness Words



## Across

- 3. Pain 3
- 6. 1.
- 7. pain 5
- 10. Pain 2
- 11. Health 2
- 12. 5.

13. 7.

16. Health 3

## Down

- 1. 6.
- 2. Health 1
- 4. 4.
- 5. 2.

8. Pain 1

9. 8.

14. pain 4

15. 3.