

Name: _____

Date: _____

Sleeping

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

restfull night
breathing
snoring
clock

blood pressure
darkroom
sleep
Hours

sleep apnea
bedtime
tired
rest