

Name: _____

Date: _____

Smoking

lung cancer

cigarettes

addictive

nicotine

friends

smoking

family

breath

drugs

teeth

looks

fire

oder

gums

you



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