

Name: _____

Date: _____

STROKE DAY

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

COMMUNITY WORKERS
 CHOLESTEROL
 THERAPISTS
 BLOCKAGE
 ALCOHOL
 MEMORY
 UNFIT
 PAIN

BLOODPRESSURE
 FIVEMINUTES
 IMBALANCE
 DIABETES
 DOCTORS
 NURSES
 ARMS
 TIME

HEARTDISEASE
 OVERWEIGHT
 SENSATION
 NUMBNESS
 DRUGUSE
 SPEECH
 FACE
 TIA

INCONTINENCE
 SWALLOWING
 BLEEDING
 WEAKNESS
 SMOKING
 VISION
 MALE