Name: _____ Date: _____

Stroke Smart

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

HYPERTENSION
DIABETES
BALANCE
STROKE
ARMS
HEMORRHAGIC
ISCHEMIC
SPEECH
REHAB
FACE
EXERCISE
SMOKING
BEFAST
TIME
EYES