Name: _____ Date: _____

Stroke

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

hyperlipidemia
Diabetes
Weakness
Obesity
FASTER
Hypertention
Headache
Ischemic
Aphasia
Droop
Hemorrhagic
Numbness
Smoking
Ataxia
PFO

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