

Name: _____

Date: _____

Stroke

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

Brain Attack	Hemorrhagic	Caucasians	Dizziness
Nutrients	Diabetes	Weakness	Ischemic
Smoking	CT Scan	Oxygen	Blood
Diet	FDA	MRI	