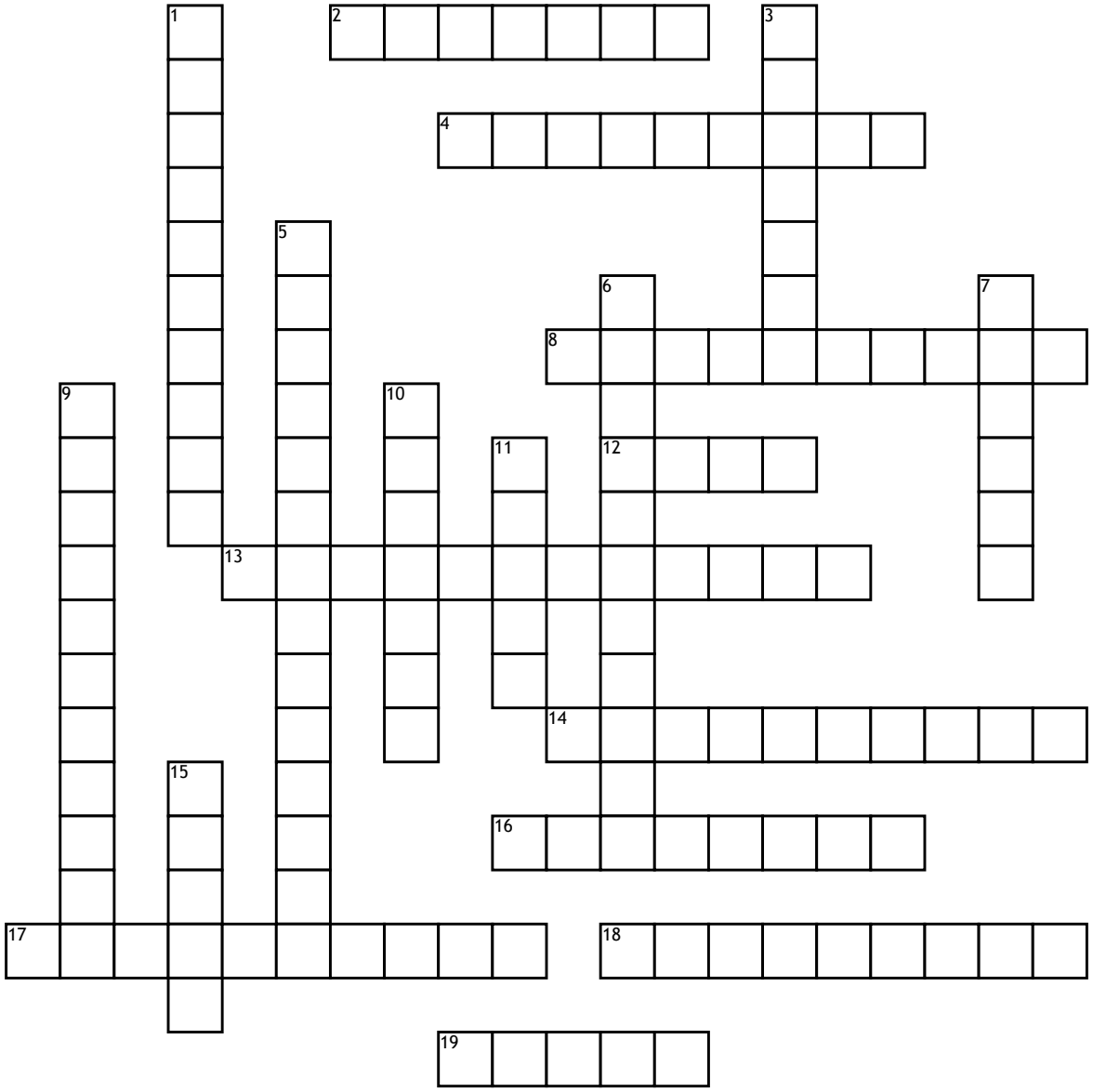
Name: _____ Date: _____

Swallowing



Across

2. Pudding
4. Dysphagia
8. Watery eyes
12. Thin
13. Pink bracelet
14. Pink binder
16. Dentures
17. Weight loss
18. Runny nose
19. Honey

Down

1. Aspiration
3. Regular
5. Mechanical soft
6. Mastication
7. Nectar
9. Gurgly voice
10. Pink dot
11. Puree
15. Cough