

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Chronic Illness

1. HREAT DEEISAS \_\_\_\_\_
2. LUNG ANCRCE \_\_\_\_\_
3. VIRLE ECNARC \_\_\_\_\_
4. EBTASR CECNRA \_\_\_\_\_
5. SORTEK \_\_\_\_\_
6. AMAHTAS \_\_\_\_\_
7. GRLSEAELI \_\_\_\_\_
8. BTIDASEE \_\_\_\_\_
9. LEHZARIME \_\_\_\_\_
10. RHSRTAIT \_\_\_\_\_
11. ETENIDMA \_\_\_\_\_
12. YPESLEPI \_\_\_\_\_