

Name: _____

Date: _____

Non-communicable Diseases

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

physical activity
arthritis
alcohol
cancer

unhealthy diet
diabetes
obesity

cardiovascular
smoking
chronic