Name: _____

PERSONAL HEALTH

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

BLOOD PRESSURE
BLOOD SUGAR
CHOLESTEROL
ASSESSMENT
COMMITMENT
CONSISTENT
INSURANCE
LIFESTYLE
REALISTIC
CHECK UP
PATIENCE
PHYSICAL
RESEARCH
THERAPY
ACTIVE
HABITS
WEIGHT
GOALS
IMAGE
TREND
AGE