Name: _____ Date: _____

SMS

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

ABNORMALITIES
BEHAVIOURAL
PREVALENCE
DIAGNOSED
DELETION
DISORDER
SYMPTOMS
COMPLEX
MAGENIS
CAUSE
SMITH