

Name: _____

Date: _____

nervous system

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

peripheral
signals
sight
brain

stimulus
spinal
touch

hearing
nerves
taste

central
senses
smell