

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