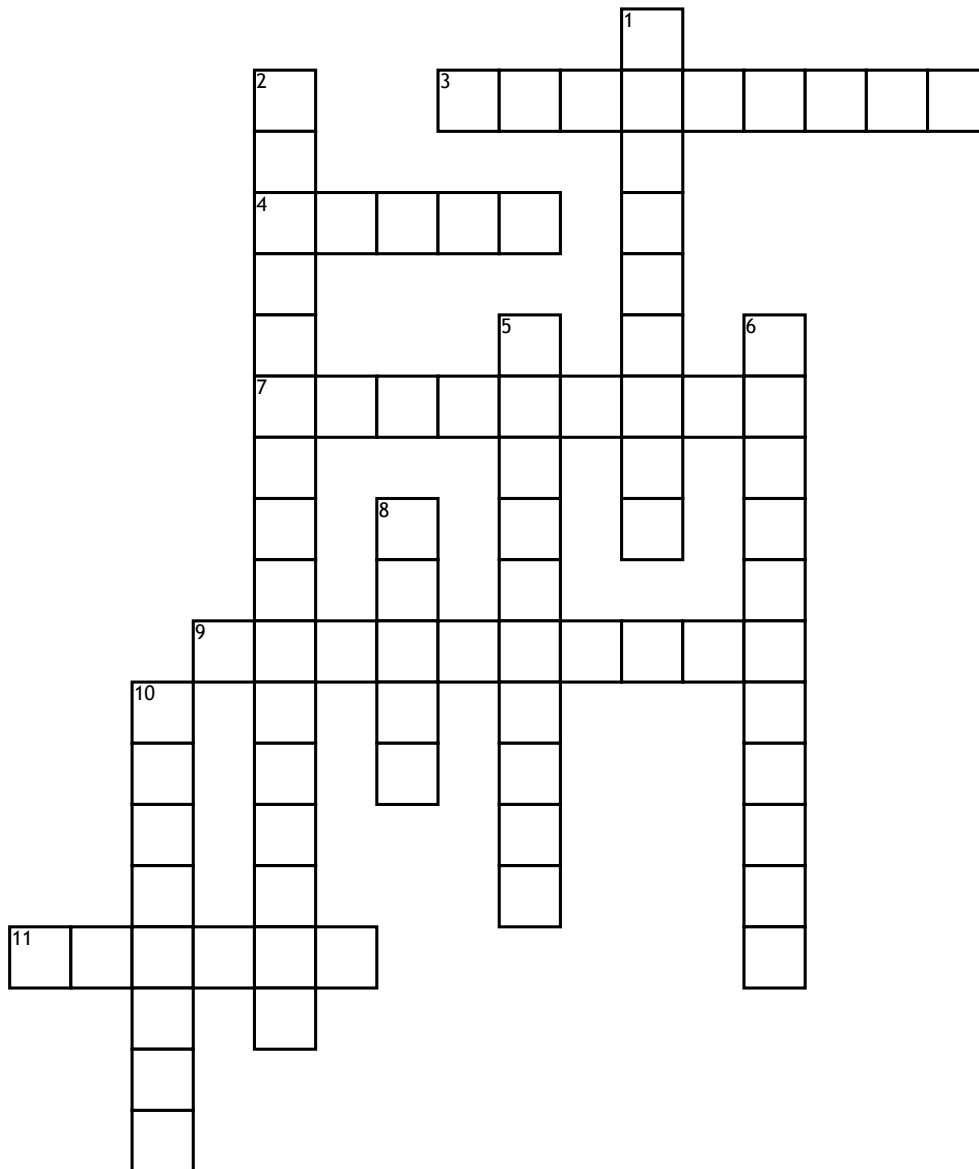


Name: _____

Date: _____

Cranial Nerves



Across

- 3. eye movements
- 4. vision
- 7. sense of smell
- 9. facial sensations, chewing
- 11. taste, facial expressions

Down

- 1. shoulder movements, head turning

- 2. swallowing, saliva secretion, throat and taste sensations
- 5. eye movements
- 6. tongue movements
- 8. voice production, slowing heartrate, gut movements, throat and larynx sensations
- 10. eye movements