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Symptoms

1. Noun _____
2. Noun _____
3. Noun _____
4. Noun _____
5. Noun _____
6. Verb - Present Ends In Ing _____
7. Noun _____
8. Noun _____
9. Noun _____
10. Verb - Present Ends In Ing _____
11. Verb - Present Ends In Ing _____
12. Adjective _____
13. Noun _____
14. Noun _____
15. Noun _____
16. Noun _____
17. Adjective _____
18. Noun _____
19. Noun _____

Symptoms

Yesterday, I went to the _____Noun_____. I was very sick and showing many different _____Noun_____. For one, I had _____Noun_____ and could not poop. I had some smelly _____Noun_____ as well. Throughout the day, I had severe _____Noun_____ and thought that I might vomit. At one point, my nose started _____Verb - Present ends in ING_____ and I had an itchy _____Noun_____ on my arm. In the morning, I had a high _____Noun_____, and a pounding _____Noun_____. I couldn't stop _____Verb - Present ends in ING_____ and _____Verb - Present ends in ING_____, and my glands were _____Adjective_____. The doctor told me that I also had a _____Noun_____ in my hip. Because I smoke cigarettes, I often have shortness of _____Noun_____. I was hoping the doctor would give me a _____Noun_____ so that I could sleep. The doctor gave me a _____Noun_____, and I went to the pharmacy. The pharmacist gave me a _____Adjective_____ drug that had some minor side _____Noun_____. One of the side effects was _____Noun_____.

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