

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

Legende:

<input type="checkbox"/>	AFTERWARDS
<input type="checkbox"/>	ANTIBIOTIC
<input type="checkbox"/>	ARM
<input type="checkbox"/>	AT
<input type="checkbox"/>	BAD
<input type="checkbox"/>	BUT
<input type="checkbox"/>	DATE
<input type="checkbox"/>	DAY
<input type="checkbox"/>	DEODORANT
<input type="checkbox"/>	FAR
<input type="checkbox"/>	GO
<input type="checkbox"/>	HE
<input type="checkbox"/>	IDEA
<input type="checkbox"/>	NO
<input type="checkbox"/>	OVER
<input type="checkbox"/>	PHONEBOOTH
<input type="checkbox"/>	RAT
<input type="checkbox"/>	SO
<input type="checkbox"/>	SOCKS
<input type="checkbox"/>	TOO
<input type="checkbox"/>	TOOTHBRUSH
<input type="checkbox"/>	UNDERSTAND