

9 GRAMMAR FOCUS

Imperatives

Get some rest.

Drink lots of juice.

Take one pill every evening.

Don't stay up late.

Don't drink soda.

Don't work too hard.

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Complete these sentences. Use the correct forms of the words in the box.

✓call stay not go not drink
 see take ✓not worry not eat

1. Call a dentist.
2. Don't worry too much.
3. Take a hot bath.
4. Not go to school.

5. stay in bed.
6. See a doctor.
7. Not drink coffee.
8. Not eat any candy.

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



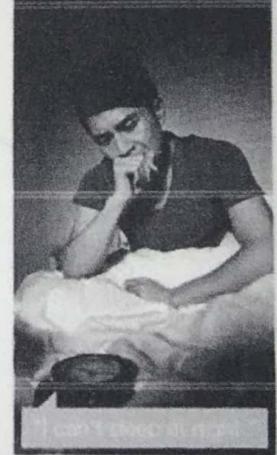
1. Foot massage
 * Put ointment



2. Put ointment
 * Do massages



3. Put drops
 * Put Compresses Chamomile



4. Take sleeping drops
 * Eat something

B GROUP WORK Act out the problems from part A. Your classmates give advice.

A: I don't feel well.

B: What's the matter?

A: My feet hurt.

B: I have an idea. Take a hot bath. And don't . . .

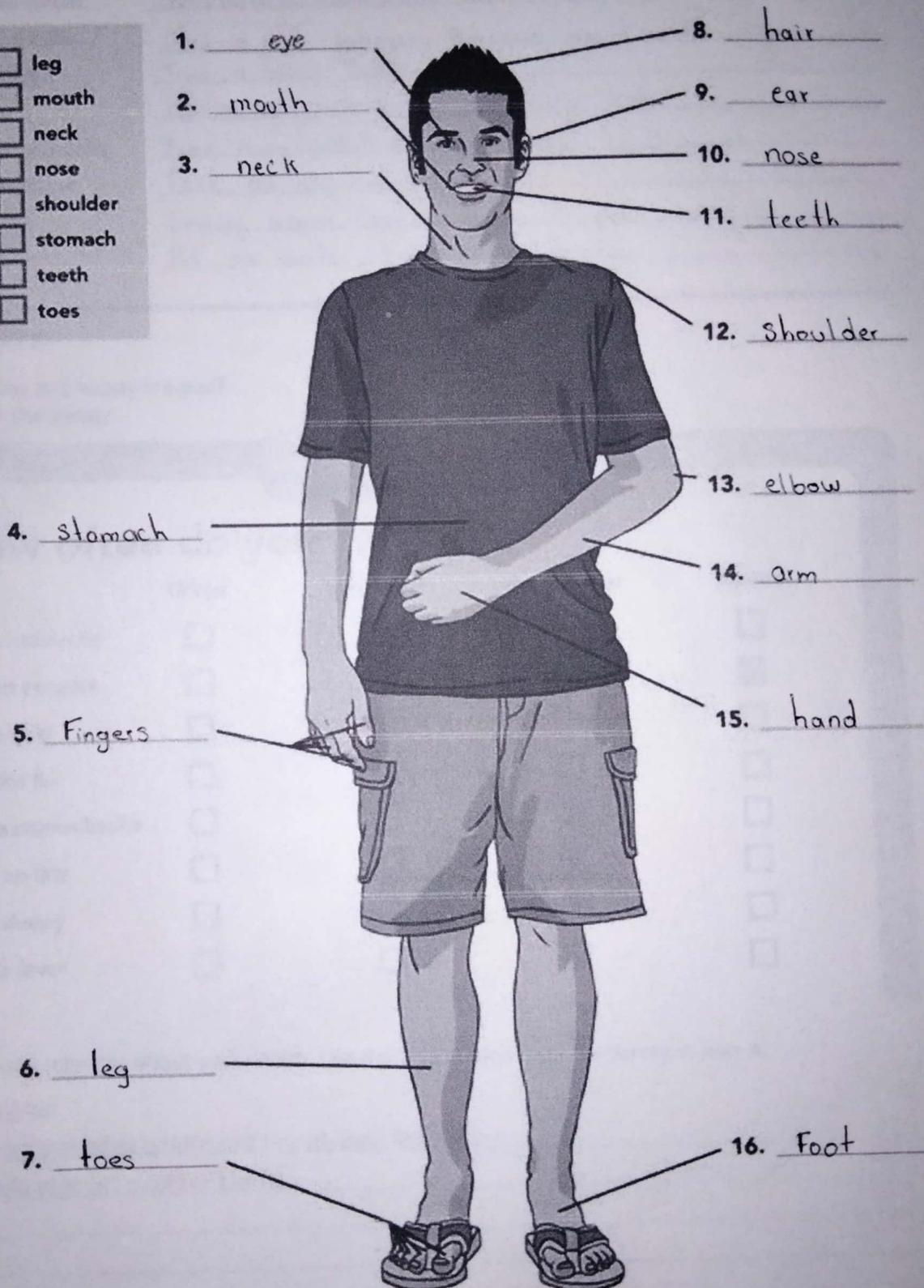
11 INTERCHANGE 12 Problems, problems

Give advice for common problems. Go to Interchange 12 on page 126.

WORKBOOK

1 Label the parts of the body. Use the words in the box.

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> arm | <input type="checkbox"/> leg |
| <input type="checkbox"/> ear | <input type="checkbox"/> mouth |
| <input type="checkbox"/> elbow | <input type="checkbox"/> neck |
| <input checked="" type="checkbox"/> eye | <input type="checkbox"/> nose |
| <input type="checkbox"/> fingers | <input type="checkbox"/> shoulder |
| <input type="checkbox"/> foot | <input type="checkbox"/> stomach |
| <input type="checkbox"/> hair | <input type="checkbox"/> teeth |
| <input type="checkbox"/> hand | <input type="checkbox"/> toes |



7 Write two pieces of advice for each problem.

- | | |
|--------------------------|---|
| 1. I have a sore throat. | Don't go to work today. Drink some chamomile tea. |
| 2. I have a toothache. | Take a pain reliever. Remove my tooth. |
| 3. I have a cough. | Take a Syrup. Drink a tea. |
| 4. I have a cold. | Put on a Coat. Drink something hot. |
| 5. I have a stomachache. | Take pain pills. Drink a tea. |
| 6. I have a headache. | Take an aspirin. Lie down. |
| 7. I have the flu. | Staying warm. Take a syrup or pill. |
| 8. I have a fever. | Put on water, take an antibiotic. |

8 Health survey

A How healthy and happy are you?
Complete the survey.

How often do you . . . ?

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B Write four sentences about your health. Use the information from the survey in part A.

Examples:

I sometimes stay up late, but I hardly ever feel sleepy.
I hardly ever get a cold or the flu.

1. _____
2. _____
3. _____
4. _____