

3 LISTENING *What's the matter?*

Listen to six conversations. Number the pictures from 1 to 6.



..... This person needs some ketchup.



..... This person has a backache.



..... This person can't dance very well.



..... This person feels sad.



..... This person is going to ride a horse.



..... This person has the flu.

4 THAT'S GREAT ADVICE!

A Write a problem on a piece of paper. Then write advice for the problem on a different piece of paper.

My ankle hurts.

Get some muscle cream.

B CLASS ACTIVITY Put the papers with problems and the papers with advice in two different boxes. Then take a new paper from each box. Go around the class and find the right advice for your problem.



A: I feel terrible.

B: What's the matter?

A: My ankle hurts.

B: I can help. Get some eyedrops.

A: That's terrible advice!

A: I feel awful.

C: Why? What's wrong?

A: My ankle hurts.

C: I know! Get some muscle cream.

A: That's great advice. Thanks!

WHAT'S NEXT?

Look at your Self-assessment again. Do you need to review anything?

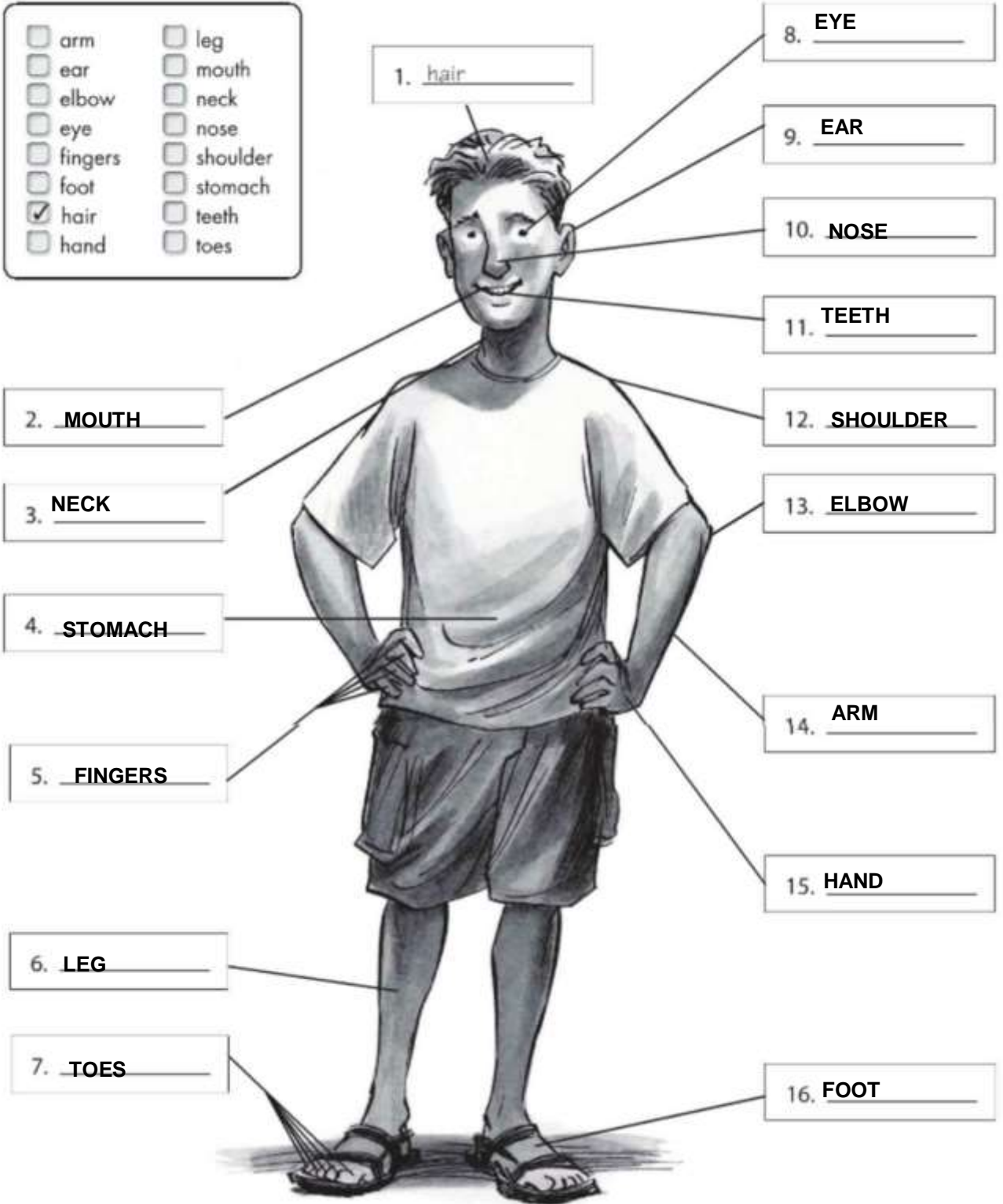
WORKBOOK



1

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

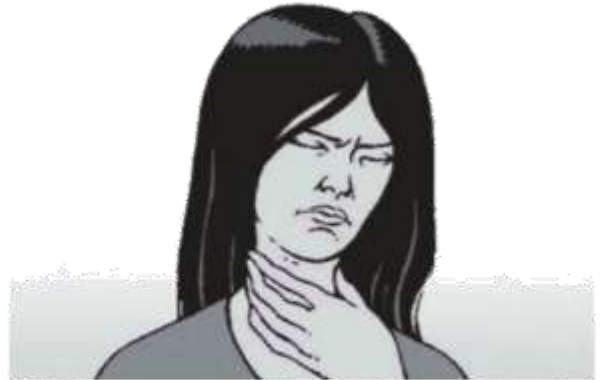
- | | |
|--|-----------------------------------|
| <input type="checkbox"/> arm | <input type="checkbox"/> leg |
| <input type="checkbox"/> ear | <input type="checkbox"/> mouth |
| <input type="checkbox"/> elbow | <input type="checkbox"/> neck |
| <input type="checkbox"/> eye | <input type="checkbox"/>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



2 What's wrong with these people? Write sentences.



1. He has an earache.



2. SHE HAS A SORE THROAT



3. SHE HAS A STOMACHACHE



4. SHE HAS HEADACHE



5. HE HAS A TOOTHACHE



6. SHE HAS A COLD AND COUGH

On

3

Complete the conversations. Use the questions and sentences in the box.

- | | |
|---|--|
| <input type="checkbox"/> I'm glad to hear that. | <input type="checkbox"/> What's wrong? |
| <input type="checkbox"/> How do you feel tonight? | <input type="checkbox"/> Great. See you tomorrow. |
| <input checked="" type="checkbox"/> I'm fine, thanks. How about you? | <input type="checkbox"/> OK. Get some rest. |
| <input type="checkbox"/> That's too bad. Are you going to see a doctor? | <input type="checkbox"/> So, are you going to go to school tomorrow? |

In the afternoon

1. Jason: Hi, Lisa. How are you?
Lisa: I'm fine, thanks. How about you?
Jason: Not so good. Actually, I feel really awful.
Lisa: What's wrong?
Jason: I think I have the flu.
Lisa: That's too bad. Are you going to see a doctor?
Jason: No, I'm going to go home now.
Lisa: Ok. Get some rest.
Jason: OK. Thanks.

In the evening

2. Lisa: How do you feel tonight?
Jason: I feel much better.
Lisa: I'm glad to hear that.
Jason: Thanks.
Lisa: So, are you going to go to school tomorrow?
Jason: Yes, I am.
Lisa: Great. See you tomorrow.





4 Complete the sentences with the correct medications.

- Her eyes are very tired. She needs some eyedrops.
- Your cough sounds terrible. Buy some Cough drops or some Cough syrup.
- I have a headache, so I'm going to take some Aspirin.
- My arm is sore. I'm going to put some Muscle cream on my arm.
- Kristina has a stomachache, so I'm going to give her some Antacid.
- Suzie has a terrible cold. She's going to take some Cold pills.



5 Write each sentence a different way. Use the sentences in the box.

- | | |
|---|--|
| <input type="checkbox"/> My head feels terrible. | <input type="checkbox"/> I'm not happy. |
| <input type="checkbox"/> I have a stomachache. | <input type="checkbox"/> I'm sorry to hear that. |
| <input checked="" type="checkbox"/> What's wrong? | <input type="checkbox"/> I'm very tired. |
| <input type="checkbox"/> I'm glad to hear that. | <input type="checkbox"/> I have a sore throat. |

- What's the matter?
What's wrong?
- I feel sad.
I'm not happy
- That's too bad.
I'm sorry to Heard that
- My stomach hurts.
I have stomachache
- My throat is sore.
I'm very tired
- I have a headache.
My head feels terrible
- That's good.
I'm glad to hear that
- I'm exhausted.
I'm sorry to Heard that

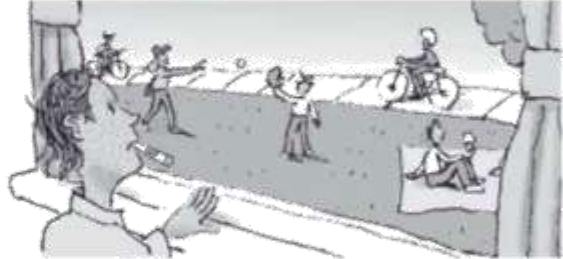


6 Give these people advice. Use the phrases in the box.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> drink some water | <input type="checkbox"/> go to the grocery store | <input type="checkbox"/> have a hot drink | <input type="checkbox"/> stay up late |
| <input type="checkbox"/> go home early | <input type="checkbox"/> lift heavy things | <input type="checkbox"/> go outside | <input checked="" type="checkbox"/> work too hard |



1. Don't work too hard.



2. Don't go outside



3. Don't go home early



4. Don't lift heavy things



5. Don't have a hot drink



6. Don't stay up late



7. Don't go to the grocery store



8. don't drink some water

7**Write two pieces of advice for each problem.**

1. I have a cold. Don't go to school today. Take a cold pill.
2. I have a toothache. Don't drink cold water. Take some pill for the pain.
3. I have a sore throat. Don't talk much. Take honey with lemon.
4. I have an earache. Don't go to work today. Put earache drops
5. I have a stomachache. Don't eat cold food. Take a fishfinder.
6. I have a backache. Don't go to the gym. Put on a xray gel.
7. I have sore eyes. don't look at the sun much take eyedrops
8. I have a fever. do not leave home. Take an aspirin.

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 checked="" type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Examples:

I hardly ever get a headache, an earache, or a stomachache.I often stay up late on weekends, but I never stay up late on weekdays.

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