

7 Write two pieces of advice for each problem.

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| 1. I have a cold. | Don't go to school today. Take a cold pill. |
| 2. I have a toothache. | You should not eat too much candies. Go to the dentist |
| 3. I have a sore throat. | You should not drink cold wáter. Go to the doctor |
| 4. I have an earache. | You should not use eraphones. Take a pill |
| 5. I have a stomachache. | You should not eat tacos. Take some antiacid |
| 6. I have a backache. | You should not do exercise. Take some muscle cream |
| 7. I have sore eyes. | You should not do exercise. Put some eyedrops in your eyes |
| 8. I have a fever. | You should not go without a sweater |

8 Health survey

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

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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.

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| 1. | I hardly ever get a backache | _____ |
| 2. | I sometimes get a stomachache | _____ |
| 3. | I often get stay up late | _____ |
| 4. | I never get a sickness like coronavirus | _____ |