



**Nombre de alumno: Karla Jazmín Aguilar
Díaz**

Nombre del profesor: Ana Laura Culebro

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frequency adverbs**

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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. You shouldn't candy. Go to the dentist.
3. I have a sore throat. You shouldn't drink cold things. You should drink cough syrup.
4. I have an earache. Take a painkiller. You shouldn't ear nose.
5. I have a stomachache. You shouldn't eat junk food. You should drink antacid.
6. I have a backache. You should rest. You should get some muscle cream on.
7. I have sore eyes. You should use some eye drops. You should not use the computer.
8. I have a fever. You should take a paracetamol. You should not go outside.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get an earache	<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"/>
get a cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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. I never get the flu, but I often get a cold.
2. I often stay up late, but I sometimes feel sleepy.
3. I sometimes get an earache. I never get the flu.
4. I hardly ever get a stomachache. I never get a fever.