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Gómez**

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**3° "A"**

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

- |                          |   |
|--------------------------|---|
| 1. I have a cold.        | <u>Don't go to school today. Take a cold pill.</u>                                    |
| 2. I have a toothache.   | <u>don't eat candies. go to the dentist.</u>  |
| 3. I have a sore throat. | <u>you should not drink cold water. you should drink <sup>with</sup> soup.</u>        |
| 4. I have an earache.    | <u>you should drink something for the pain. you should <sup>sleep</sup></u>           |
| 5. I have a stomachache. | <u>you should not eat junk food. you should drink antacid.</u>                        |
| 6. I have a backache.    | <u>you should put some muscle cream. you should not lift heavy <sup>things</sup>.</u> |
| 7. I have sore eyes.     | <u>you should use some eye drops. you should not use the computer.</u>                |
| 8. I have a fever.       | <u>you should take a paracetamol you should not go outside.</u>                       |

**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 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 type="checkbox"/>	<input checked="" 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 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.

1. I never get an earache, but I often I get a cold.
2. I hardly ever get a backache, but I never lift heavy things.
3. Sometimes I get a stomachache, but I always eat spicy food.
4. Sometimes I feel sleepy, but I always ~~stay up~~ <sup>stay up</sup> late.