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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 should not eat candies. got to the dentist.
3. I have a sore throat.	You should not take cold thiags. You should drink cough skyup
4. I have an earache.	You should drink something for the pain. You should sleep
5. I have a stomachache.	You should not eat junk food. You should drink some antacid
6. I have a backache.	You should rest. You should put 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 paracetamol. You should not go outside

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

1.

I always stuv up late. I often feel sleepv
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2.

I usually get a stomachache. I sometimes get an earache

3.

I never get the cold. I never get the flu

4.

I often get a fever. I usually get a headache
