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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>You should not eat sabritas. Damages teeth</u>                |
| 3. I have a sore throat. | <u>You should not sweeten. Go to the dentist.</u>                |
| 4. I have an earache.    | <u>You should not listen to loud music. You should leave it</u>  |
| 5. I have a stomachache. | <u>You should not eat fried foods. You should eat vegetables</u> |
| 6. I have a backache.    | <u>You should not sleep on the floor. You should use a bed</u>   |
| 7. I have sore eyes.     | <u>You should use glasses. You should not wear you up</u>        |
| 8. I have a fever.       | <u>You should take a mebrailto. You should not bathe late.</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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| get a fever       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 sometimes get headache. I never get an earache.
2. I usually get a cold. I never get the flu
3. I often get a stomachache. I never get a fever
4. I sometimes get a backache. I never get a headache.