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**Materia: ingles III**

**Grado: 3er**

**Grupo: "B"**

PASIÓN POR EDUCAR

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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 take a pill. You should see a dentist

3. I have a sore throat.

You should drink cough syrup. You should drink hot tea

4. I have an earache.

You should see a doctor. You should wash your ear

5. I have a stomachache.

You should drink a tea. You should drink pepto

6. I have a backache.

You should put some muscle cram on. You should not lift heavy things

7. I have sore eyes.

You should not touch your eyes. You should put some eye drops

8. I have a fever.

Ypu should take a warm bath. You should not go outside

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

stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input 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.  \_\_\_\_\_
2.  \_\_\_\_\_
3.  \_\_\_\_\_
4.  \_\_\_\_\_

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