



**Nombre de alumnos:**

**Anai azucena Vázquez Vázquez**

**Nombre del profesor:**

**Ana Laura Culebro Torres**

**Nombre del trabajo: SHOULD**

**Materia: Ingles III**

**Grado: 3ro**

**Grupo: "B"**

Comitán de Domínguez Chiapas a 9 de junio del 2020.

**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 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 (ANTACID)
6. I have a backache. YOU SHOULD PUT SOME MUSCLE CREAM ON. YOU SHOULD NOT LILFT HEAVY THINGS
7. I have sore eyes. YOU SHOULD NOT TOUCH YOUR EYES. YOU SHOULD PUT SOME EYE DROPS
8. I have a fever. YOU SHOULD TAKE A WARM BATH. 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 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 checked="" type="checkbox"/>	<input 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 ALWAYS STAY UP LATE. I HARDLY EVER GET A FEVER
2. I SOMETIMES GET A STOMACHACHE, I NEVER GET AN EARACHE
3. I OFTEN GET THE FLU. I NEVER STAY UP LATE
4. I ALWAYS FEEL SLEEPY, I NEVER GET A FEVER