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**Nombre del trabajo: ejercicio de inglés.**

**Materia: ingles**

**Grado: 3°**

**Grupo: "B"**

Comitán de Domínguez Chiapas a 12 de septiembre de  
2018.

**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 take a pill. You should see a dentist</u>  |
| 3. I have a sore throat. | <u>You should drink cough syrup</u>                      |
| 4. I have an earache.    | <u>You should see a doctor. You should wash your ear</u> |
| 5. I have a stomachache. | <u>You should drink Pepto</u>                            |
| 6. I have a backache.    | <u>You should put some muscle cream on.</u>              |
| 7. I have sore eyes.     | <u>You should put some eye drops</u>                     |
| 8. I have a fever.       | <u>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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 always feel sleepy, I never get a cold
2. I never get fever, I always get the flu
3. I never get headache, I always stay up late
4. Sometimes feel sleepy, I never get fever