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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 take a fill. You should see a dentist.</u>                     |
| 3. I have a sore throat. | <u>You should drink syrup. You should drink hot tea</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 a tea. You should drink pepto</u>                        |
| 6. I have a backache.    | <u>You should put some muscle cream on. You should not lift heavy things</u> |
| 7. I have sore eyes.     | <u>You should not touch your eyes. You should put some eye drops</u>         |
| 8. I have a fever.       | <u>You should take a warm bath. You should not go outside</u>                |

## 8

Health survey

**A** How healthy and happy are you? Complete the survey.

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

- I never get a headache in the morning. I sometimes get the flu for the rain
- I hardly ever get a fever. I hardly ever feel sleepy
- I never stay up late. I hardly ever get a stomachache.
- I never get a cold. I hardly ever get an earache