



Nombre del alumno: Brenda Jaquelin Velázquez Salas

Nombre del profesor: Ana Laura Culebro Torres.

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Write two pieces of advice for each problem.

- | | |
|--------------------------|--|
| 1. I have a cold. | <small>Don't go to school today. Take a cold pill.</small>
You should take a pill. You should see a dentist |
| 2. I have a toothache. | You should drink hot tea. You should drink cough syrup |
| 3. I have a sore throat. | You should take a pill. You should see a doctor |
| 4. I have an earache. | You should drink pepto (antacid). You should see a doctor |
| 5. I have a stomachache. | You should take an analgesic. You should put some muscle cream on |
| 6. I have a backache. | You should put some eye drops. You should rest a moment |
| 7. I have sore eyes. | You should take acetaminophen. You should not go outside. |
| 8. I have a fever. | |

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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"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	★
get a stomachache	<input type="checkbox"/>	★	<input type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	★	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	★	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	★	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<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 hardly ever get a headache. I sometimes get a stomachache
2. I never get an earache. I sometimes get a cold.
3. I often get the flu. I hardly ever stay up late.
4. I always feel sleepy. I hardly ever get a fever.