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6

Give these people advice. Use the phrases in the box.

drink some water

go home early

go to the grocery store

lift heavy things

have a hot drink

go outside

stay up late

work too hard



1. Don't work too hard



2. Don't go outside



3. I have a hot drink



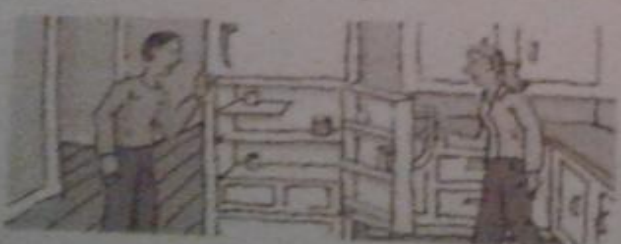
4. Don't lift heavy things



5. I go home early



6. stay up late



7. I go to the grocery store



8. drinks some water

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.

Don't go to play soccer. Take an antacid.

3. I have a sore throat.

Don't go a run to night. Take a cough syrup.

4. I have an earache.

Don't go to the concert. Take an aspirin.

5. I have a stomachache.

Don't eat today. Take an antacid.

6. I have a backache.

Don't go with my friend. Take a muscle cream.

7. I have sore eyes.

Don't look watching TV. Take eye drops.

8. I have a fever.

Don't go to work. Take 4 aspirin.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get a stomachache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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. I often get a headache, Never get an earache,

2. often get a stomachache, sometimes get a cold,

3. Never get the flu, often stay up late,

4. sometimes feel sleepy and often get a fever.

