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6

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

drink some water

go to the grocery store

have a hot drink

stay up late

go home early

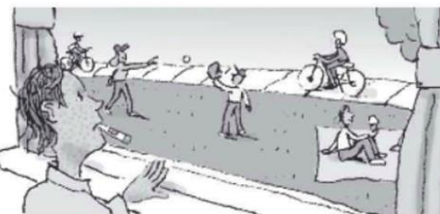
lift heavy things

go outside

work too hard



1. Don't work too hard.



2. Don't go outside



3. Have a hot drink



4. Don't lift heavy things



5. Go home early



6. Don't stay up late



7. Go to the grocery store



8. Drink 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. **Go to the dentist. take an ibuprofen**
3. I have a sore throat. **See a doctor. drink cough syrup**
4. I have an earache. **Put some ear drops. see a doctor**
5. I have a stomachache. **Take an antacid (pepto). drink coke with Maizena and tortilla quemada**
6. I have a backache. **Put some muscle cream. Don't lift heavy things**
7. I have sore eyes. **Don't use the computer too much. Use eye drops**
8. I have a fever. **Use some cold water. Take some paracetamol**

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 checked="" type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input checked="" 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 have a headache. I never have an earache**
2. **I sometimes get a headache**
3. **I hardly ever get an earache**
4. **I often feel sleepy**