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**Nombre del trabajo: HEALTH PROBLEMS AND ADVERBS
OF FREQUENCY**

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6

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

drink some water
 go home early

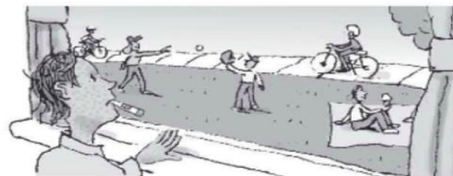
go to the grocery store
 lift heavy things

have a hot drink
 go outside

stay up late
 work too hard



1. Don't work too hard.



2. _____



3. _____



4. _____



5. _____



6. _____



7. _____



8. _____

6)

1. DON'T WORK TO 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. _____
3. I have a sore throat. _____
4. I have an earache. _____
5. I have a stomachache. _____
6. I have a backache. _____
7. I have sore eyes. _____
8. I have a fever. _____

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input 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. _____
2. _____
3. _____
4. _____

7)

- | | |
|-------------------------|--|
| 1. I have a cold | DON`T GO SCHOOL TODAY. TAKE A COLD PILL |
| 2. I have a toothache | DONT`DRINK HOT THINGS. TAKE A ASPIRIN |
| 3. I have a sore throat | DON`T DRINK COLD THINGS. TAKE A PARACETAMOL |
| 4. I have a earache | DON`T LISTEN TO MUSIC WITH HEADPHONE. USE
ANALGESIC DROPS |
| 5. I have a stomachache | DON`T EAT IRRITATING FOOD. TAKE A ANTACID |
| 6. I have a backache | DON`T LIFT HEAVY THINGS. USE MUSCLE CREAM |
| 7. I have a sore eye | DON`T USE CELL PHONE. USE EYE DROPS |
| 8. I have fever | DON`T GO OUTSIDE. TAKE A PARACETAMOL |

8)

1. I SOMETIMES GET A HEADACHE I NEVER GET AN EARACHE
2. I I OFTEN GET A STOMACHACHE I SOMETIMES STAY UP LATE
3. I SOMETIMES GET THE FLU I OFTEN FEEL SLEEPY
4. I NEVER GET A FEVER I SOMETIMES GET A COLD